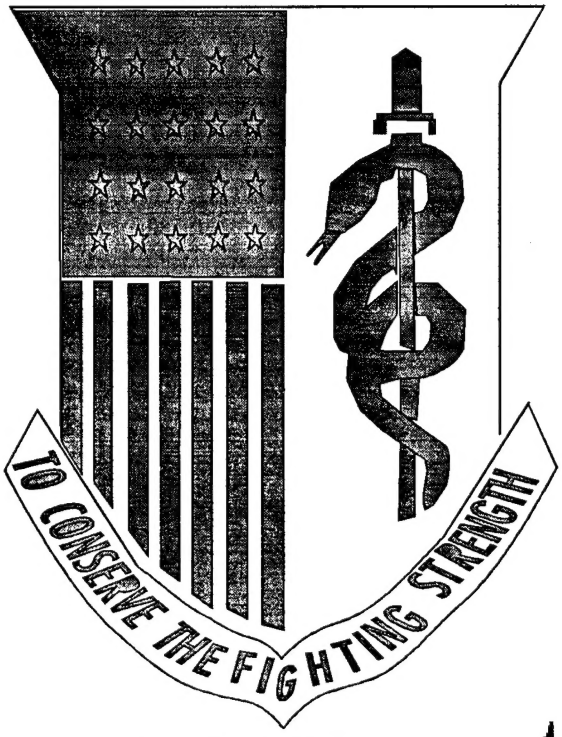
UNITED STATES ARMY MEDICAL DEPARTMENT

REORGANIZATION



VOLUME II
ENCLOSURES 1-10

TASK FORCE AESCULAPIUS
JANUARY 1993 - JUNE 1995

JGK

REPORT DOCUMENTATION PAGE

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LTC Clyde Hoskins, MAJ Howard Schloss

7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES)
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HQDA (DASG-TT)
5109 Leesburg Pike
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13. ABSTRACT *(Maximum 200 words)*

This report provides a synopsis of the work surrounding the Army Medical Department (AMEDD) reorganization during the period January 1993 to June 1995. Volume I of the report documents the formation of Task Force Aesculapius; the role of Organizational Design, Incorporated; and the impact of the reorganization on other AMEDD activities. Other topics covered include background reasons for the reorganization, the analytical process, concept plan development, implementation of the concept plan, major subordinate command analyses, marketing the reorganization, and related issues. Volumes II, III, IV, and V contain enclosures which include the MEDCOM Concept Plan, Task Force charters, selected reorganization briefings, and major subordinate command reviews.

14. SUBJECT TERMS	15. NUMBER OF PAGES
AMEDD Reorganization, Task Force Aesculapius, MEDCOM, AMEDD, TFA, OTSG, TSG	16. PRICE CODE

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Unclassified	Unclassified	Unclassified	

ENCLOSURE 1

DEPARTMENT OF THE ARMY
OFFICE OF THE SURGEON GENERAL
5109 LEESBURG PIKE
FALLS CHURCH, VA 22041-3258

REPLY TO
ATTENTION OF

DASG-TT

5 FEB 1993

MEMORANDUM FOR AMEDD Stakeholders

SUBJECT: Charter for Project AMEDD Vanguard (Task Force Aesculapius)

I. APPOINTMENT: The following personnel are appointed to Project AMEDD Vanguard (Task Force Aesculapius): MG Girard Seitter, III, MC; COL Stephen Xenakis, MC; COL Mary Messerschmidt, AN; COL John Miller, DC; LTC Clyde Hoskins, VC; LTC John Zurcher, MS; MAJ Mary Carstensen, SP; MAJ James Rosengren, MS; MSG Sandra Pogue

II. MISSION: Recommend to TSG alignment of the mission, functions and structure of the AMEDD to support its Strategic Vision (encl) and prepare an implementation plan for the transformation of the AMEDD.

III. AUTHORITY, RESPONSIBILITY AND ACCOUNTABILITY:

A. AUTHORITY: The Surgeon General of the Army

B. RESPONSIBILITY:

1. Review, analyze and synthesize TSG guidance, current literature, past studies, current functional assessments and recommendations, and stakeholder input into the best organization of the AMEDD.

2. Integrate, market and facilitate implementation of the concept of the plan.

C. ACCOUNTABILITY:

1. Objectives:

a. A fully integrated, time-phased, coherent plan for alignment and organization of the AMEDD for approval by The Surgeon General.

b. Active stakeholder participation in the design and implementation of the requisite organization.

c. A resulting organization which is necessary, appropriate, efficient, effective and provides for incremental improvement.

2. Means: Present concepts and critical elements of the plan to TSG, the Senior Executive Council and advisory groups.

IV. ADMINISTRATIVE SUPPORT: OTSG Staff

V. SUPERVISORY AND COMMUNICATION CHANNELS:

A. AMEDD Vanguard (TFA) is accountable to TSG, the AMEDD and the Army.

B. Direct communication is authorized with internal/external stakeholders.

VI. TERMINATION AND REVIEW: This Charter will be revised or terminated at my direction.

Encl

ALCIDE M. LANOUE
LIEUTENANT GENERAL
The Surgeon General

AMEDD VISION

The Army Medical Department -- A well-managed, quality health care system ready to support our soldiers at home and abroad, accessible to the Army family, accountable to the American people.

LTG Alcide M. LaNoue, TSG

(ENCL)

TASK FORCE AESCULAPIUS

ORIGINAL TEAM MEMBERS

- MG GIRARD SEITTER, III, MC
- COL STEPHEN XENAKIS, MC
- COL MARY MESSERSCHMIDT, AN
- COL JOHN MILLER, DC
- LTC JOHN ZURCHER, MS
- LTC CLYDE HOSKINS, VC
- MAJ MARY CARSTENSEN, SP
- MAJ JAMES ROSENGREN, MS
- MSG SANDRA POGUE, ENLISTED CORPS

ENCLOSURE 2

LOG OF INTERVIEWS

27 November 1992 - COL Fogelsong, USAF Cofs Operations Group

3 December 1992 - MG Bussey, DSG

14 December 1992 - Dr. Lanier, DASD(HA)

14 December 1992 - LTG Williams, CDR Corps of Engineers

15 December 1992 - Jane McMullin/Pat DeLeon

16 December 1992 - Dr. Joy, Historian

16 December 1992 - Mr. Roberts, staffer for Congressman Murtha

17 December 1992 - LTC(P) Crissey, Van Straten Study Veteran

January 1993 - General Thurman

4 January 1993 - MG Cameron, CDR, HSC

5 January 1993 - LTG Jaco, CDR 5th Army

7 January 1993 - MG Moore, CDR AMEDD C&S

8 January 1993 - MG(R) Baker, former CDR HSC

8 January 1993 - LTG(R) Ledford, former TSG

19 January 1993 - MG Tempel, DSG

21 January 1993 - MG Travis, CDR WRAMC

22 January 1993 - MG Blanck, CDR WRAMC

25 January 1993 - MG Bonnebeau, DSG (Mobilization & Reserve Affairs

27 January 1993 - Mr. Pete Esker, TSG PAO

29 January 1993 - COL Coley, Chief OTSG RM

2 February 1993 - BG Adams, Chief Army Nurse Corps

5 February 1993 - COL Claypool, Chief Medical Corps

8 February 1993 - LTG Dominy, DAS

8 February 1993 - COL Johnson, Chief Veterinary Corps

9 February 1993 - COL(R) Swift, former Chief AMSC

11 February 1993 - MG Chandler, ASG for NG Affairs

12 February 1993 - LTC(P) Crissey, AXO, TSG

12 February 1993 - BG Foust, Chief Medical Service Corps

22 February 1993 - COL Maxwell, HFPA

2 March 1993 - COL Jackman, Special Asst to TSG

2 March 1993 - COL Waters, OTSG XO

10-13 March 1993 - 7th MEDCOM Principle Staff

10 March 1993 - DCINC, USAEUR

11 March 1993 - MG Scotti, CG 7th MEDCOM

11 March 1993 - BG Brady, DCG 7th MEDCOM

23-26 March 1993 - COL Timboe & 18th MEDCOM Principle Staff

24 March 1993 - LTG Crouch, CG EUSA DCINC, Korea

25 March 1993 - GEN Riscossi, CINC Korea

30 March 1993 - LTG Fields, DCINCPAC

30 March 1993 - LTG Corns, CG USARPAC

31 March 1993 - MG Ord, CG 25th Division

31 March 1993 - TAMC Principle Staff

2 April 1993 - COL Donahue, CDR, USAMMA

10 April 1993 - RADM Martin, Acting ASD(HA)

13 April 1993 - CSM Robert Adams, TSG CSM

20 April 1993 - COL Greathouse, Chief Medcial Specialist Corps

21 May 1993 - Mr. Singley, DASA (R&T)

25 May 1993 - Mr. Clark, PDASA (M&R)

25 May 1993 - Mrs. Chescavage, Nat. Military Family Assn.

28 July 1993 - Ms. Whitworth, U.S. Army Family Liaison Office

ENCLOSURE 2

ENCLOSURE 3

U.S. Army Center for Health Promotion and Preventive Medicine

DLS ANALYTICAL CHEMISTRY LABORATORIES

I. BACKGROUND

The Directorate of Laboratories Sciences (DLS) provides analytical support to a variety of USACHPPM environmental and occupational health programs. In addition, DLS provides similar support for DA, and DOD programs as well as other federal government agencies. This support ranges from sample analysis, method development, consultation to document review and readiness issues.

II. FINDINGS

1. There is a lack of clarity with regard to DLS turnaround time requirements and goals.
2. DLS turnaround time seems excessive.

III. ISSUES

1. What is the current DLS turnaround status?
2. How should the Theater Army Medical Laboratory (TAML) be best integrated into USACHPPM?

IV. DISCUSSION

During interviews conducted at USACHPPM, the turnaround time of DLS laboratories was mentioned several times. In addition, there seems to be a lack of clarity, in some cases, as to the

turnaround time requirements for the samples received. Management also needs to decide the primary focus of DLS. Should they be a production laboratory, method development laboratory or a combination of both?

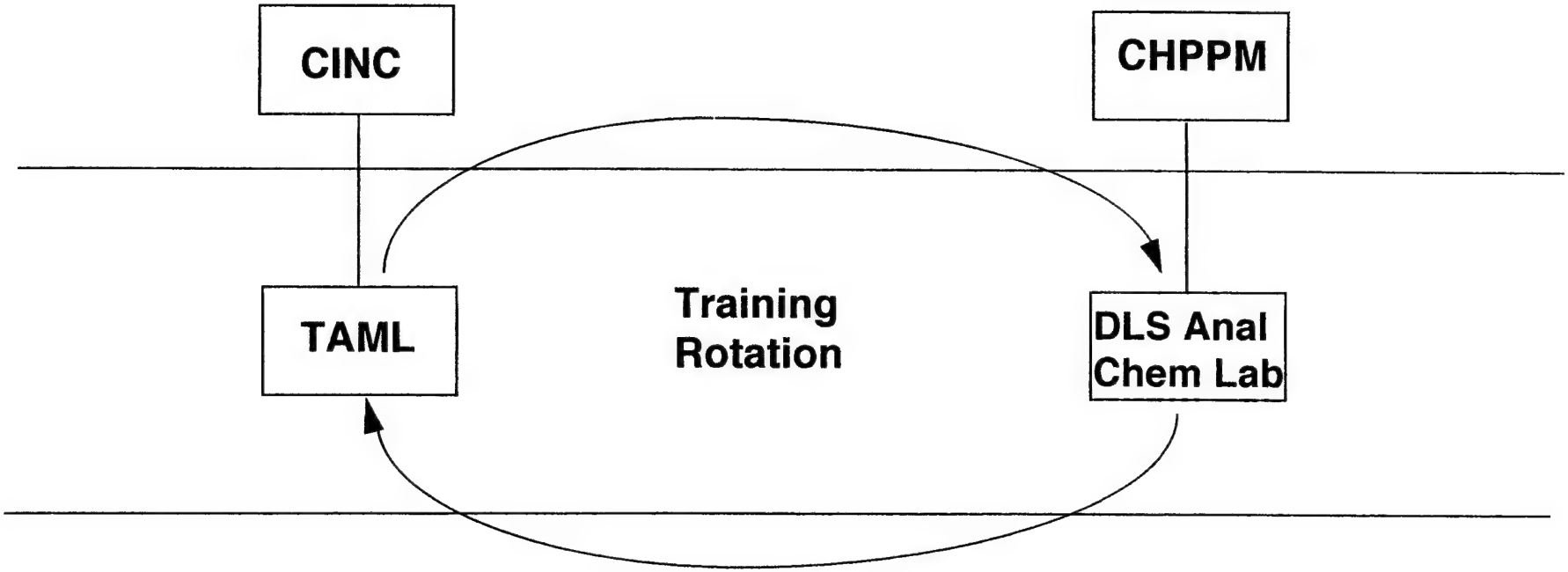
A unique challenge facing USACHPPM is how best to meet the training requirements of personnel assigned to the TAML. The TAML training mission is scheduled for transfer to USACHPPM. Initial discussions involved rotating people through the CHPPM laboratories in Edgewood for training in the various analytical procedures that constitute the required knowledge base when the TAML is fully operational.

V. RECOMMENDATIONS

1. Management must decide the primary focus of the DLS laboratories.

2. DLS personnel should rotate through the TAML doing some of the work that will be transferred back to the main labs from the DSA's. This will provide realistic training in tasks expected to be performed in field laboratory settings.

THEATER ARMY MEDICAL LABORATORY



ENCLOSURE 4

EXECUTIVE LEADERSHIP PRINCIPLES

BY

STEPHEN D. CLEMENT, Ph.D.
ORGANIZATIONAL DESIGN INC.
BOERNE, TEXAS

ORGANIZATIONAL DESIGN PRINCIPLES

- ORGANIZE AROUND THE WORK
  - STRATEGIC
  - OPERATIONAL
  - TACTICAL
- ESTABLISH CLEAR ACCOUNTABILITIES & AUTHORITIES
- CONCENTRATE ON THE CORE BUSINESS
- FOCUS ON THE CUSTOMER

FUNDAMENTAL DESIGN PRINCIPLES

1. ESTABLISH CLEAR ACCOUNTABILITY AND AUTHORITY

2. ORGANIZE AROUND THE WORK

MANAGERIAL ACCOUNTABILITIES

ESTABLISH CLEAR ACCOUNTABILITY

A MANAGER is a person in a role who is held accountable for:

- **His/Her own output**
- **The output of his/her team**
- **For building and sustaining that team**
- **For getting the team to follow along with him/her in a common direction while expressing their full individual human capacity in an innovative and creative way**

BUT ACCOUNTABILITY MUST GO HAND-IN-HAND WITH AUTHORITY

IF: Accountable for -----

THEN: Authority to --------

DESIGN PRINCIPLE # 9

ACCOUNTABILITY & AUTHORITY

IF : A Manager is a person in a role who is **accountable** for:

- achieving his own personal effectiveness
- the output which he assigns to subordinates, and
- for building and sustaining an effective team of subordinates

THEN : He must have the following minimum **authorities** :

V Veto appointment to his unit (team)

A Assign tasks

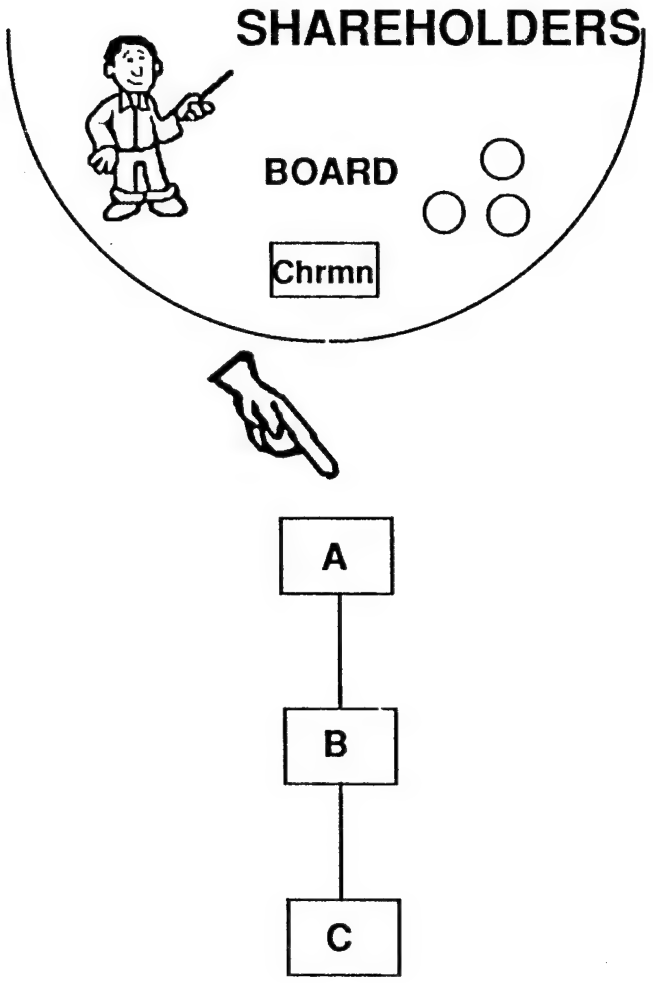
R Assess personal effectiveness and reward differentially

I Initiate removal from team

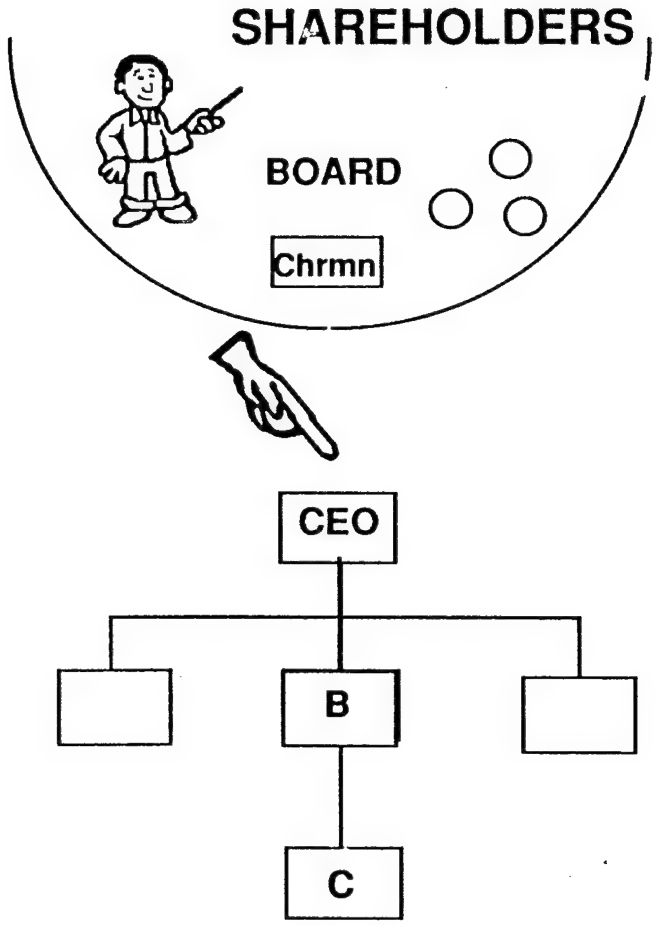
MANAGERIAL ACCOUNTABILITIES AND AUTHORITIES

ACCOUNTABILITY	ORGANIZATIONAL REQUIREMENTS	AUTHORITY
• Output Performance of Others	- Time targetted task setting, Task reporting - Reviewing performance of tasks and coaching -Training of team members to upgrade skills	Assign Tasks
• Building and Sustaining an Effective Team	- Selection criteria with MOR - Induction methods - Cumulative judgements of personal effectiveness translated to reward and penalty system including remuneration or removal from role - Implement development program decided by MOR	Veto Selection to Team Reward Differentially on Personal Effectiveness Initiate Removal from Team

ACCOUNTABILITY HIERARCHY



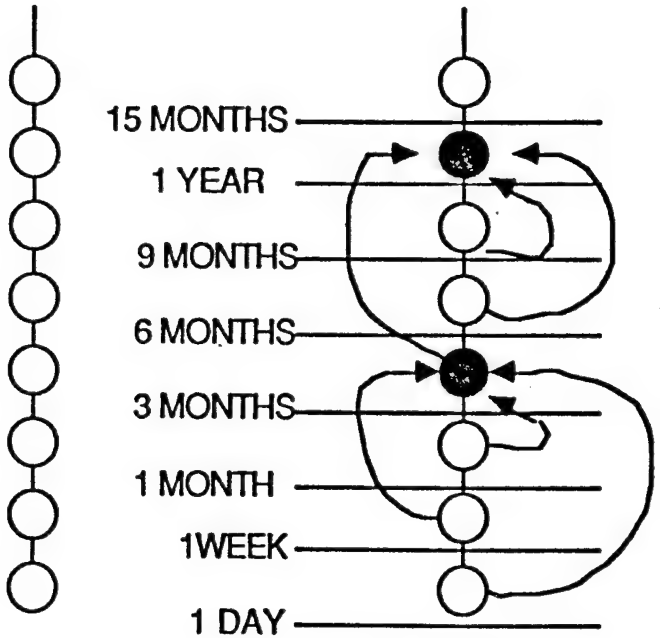
ACCOUNTABILITY HIERARCHY



ORGANIZATIONAL DESIGN INC. 1993

DESIGN PRINCIPLE # 4

ESTABLISH THE CORRECT NUMBER OF ORGANIZATIONAL LEVELS - 7



ORGANIZATION CHART

THE WAY IT WORKS

		50 YEARS
VII	CEO's	
		20 YEARS
VI	EXEC / GROUP VP's	
		10 YEARS
V	BUS. UNIT PRES	
		5 YEARS
IV	GEN MGRS	
		2 YEARS
III	UNIT MGRS	
		1 YEAR
II	FIRST LINE MGRS	
		3 MONTHS
I	OPERATORS	
		1 DAY

THE WAY IT OUGHT TO BE

TYPICAL ORGANIZATIONAL PROBLEMS

- TAKES TOO LONG TO GET ROUTINE CHANGES
- WORK IS BEING REVIEWED UNNECESSARILY
- KEY ISSUES ARE OFTEN DELEGATED TO TOO LOW A LEVEL
  - -- LOTS OF SECOND GUESSING OF THE BOSS
  - -- "WORD SMITHING"
- TOO MANY LAYERS, DEPUTIES, ASSISTANTS etc.
- NOT EVERY LEVEL "ADDS VALUE"
- SOME PROGRAMS/ACTIVITIES HAVE LOST SIGHT OF THEIR PURPOSE
- DUPLICATION OF EFFORT
- BUREAUCRATIC POLICES/PROCEDURES "CONSUMING" ALL CREATIVE ENERGY

TYPICAL SOLUTIONS

A HOST OF GIMMICKS AND PANACEAS

- SLOGANS AND EXHORTATIONS FOR CREATIVITY AND INNOVATION
- NEW FORMS OF ORGANIZATIONS FOR THE "INFORMATION AGE"
- THE PERENNIAL RETURN OF MBO, THE MATRIX
- MANAGEMENT BY "WALKING AROUND"
- "SITTING ON A LOG"
- TO BE LIKE THE JAPANESE
- TO BE EXCELLENT; AND ALL IN A MINUTE

MY THESIS IS:

- IT IS NOT SOME NEW FORM OF ORGANIZATION THAT IS NEEDED
- NOR IS THE CURRENT ORGANIZATION BROKEN

WHAT IS NEEDED IS:

-- TO LEARN AND UNDERSTAND THE EXISTING ORGANIZATION

-- TO KNOW HOW TO ORGANIZE AND USE IT PROPERLY

TO DO SO, WE NEED

- A THEORY
  - SOME CONCEPTS
    - AND BASIC PRINCIPLES

WHAT'S AT STAKE HERE!

GAINS OF 30% - 50% IN PRODUCTIVE EFFECTIVENESS OR CUTS OF THAT ORDER

OVERVIEW OF THIS "MAGIC"

- LINK MISSIONS AND FUNCTIONAL AREAS TO ORGANIZATIONAL STRUCTURE
- SHOW YOU A 7 LEVEL SYSTEM OF ORGANIZATIONAL STRUCTURE RELATED TO 7 LEVELS OF TASK AND PROJECT COMPLEXITY
- SHOW HOW THESE LEVELS CORRESPOND TO COMMAND AUTHORITY & ACCOUNTABILITIES
- TO POINT OUT THAT PEOPLE ARE ORGANIZED THIS WAY ALSO
  - -- THE REASON WE HAVE 7 LEVELS IS TO HANDLE TASK COMPLEXITY
  - -- TO ADD VALUE, A MANAGER MUST BE ONE FULL LEVEL ABOVE THE SUBORDINATE
- LINK MENTAL COMPLEXITY TO ORGANIZATIONAL LEVEL
- GET AUTHORITY AND ACCOUNTABILITY CONGRUENT

IF YOU APPLY THESE PRINCIPLES PROPERLY

- GET FEWER LEVELS--LESS PASSING OF WORK UP & DOWN
- SPECIFIC FUNCTIONS APPLIED TO A SPECIFIC ORGANIZATIONAL LEVELS--EXPOSES REDUNDANCIES AND EXCESSES
- CLEARER INSTRUCTIONS
- SHARPER ACCOUNTABILITY
- CDR/MGR IN POSITIONS TO "ADD VALUE"
- PEOPLE WITH THE RIGHT CAPACITY WORKING ON ISSUES AT THE RIGHT LEVEL

  -- "GENERALS DOING GENERALS WORK"
- MORE EFFECTIVE ASSESSMENT OF PERSONAL EFFECTIVENESS AND INDIVIDUAL POTENTIAL

BASIC CONCEPTS

FOCUS:

- ACCOMPLISHING MISSIONS AND GOALS
- CARRYING OUT "TASKS", PROJECTS PROGRAMS

BASIC CONCEPTS

AIM: ORGANIZE TO ACCOMPLISH MISSIONS AND GOALS

- **A "GOAL" IS A WHAT BY WHEN**

OUT COME: GETTING THINGS DONE ON TIME

GOAL & TASK COMPLEXITY

GOALS & TASKS COME IN DEGREES OF COMPLEXITY

- THE COMPLEXITY LIES IN WHAT YOU HAVE TO DO TO COMPLETE THE TASK; ie. THE PROBLEMS YOU HAVE TO OVERCOME
- AS YOU GO HIGHER IN THE ORGANIZATION, TASKS BECOME MORE AND MORE COMPLEX

TASK COMPLEXITY

TASK COMPLEXITY COMES IN QUANTUM JUMPS

CORPS

- DIAGNOSTIC ACCUMULATION OF INTERNATIONAL DATA
- EMPLOY ON-CALL JOINT RESOURCES

DIVISION

- UNIFIED WHOLE SYSTEM
- VISUALIZE THE WHOLE BATTLEFIELD
- IDENTIFY 2D ORDER CONSEQUENCES

BDE

- PARALLEL PROCESSING
- CROSS ATTACHING
- SHIFTING RESOURCES BETWEEN UNITS

BN

- ALTERNATIVE ROUTES TO GOAL
- TASK ORGANIZE

COMPANY

- ACCUMULATES ESSENTIAL INFORMATION
- DETERMINE MAGNITUDE OF CONTACT

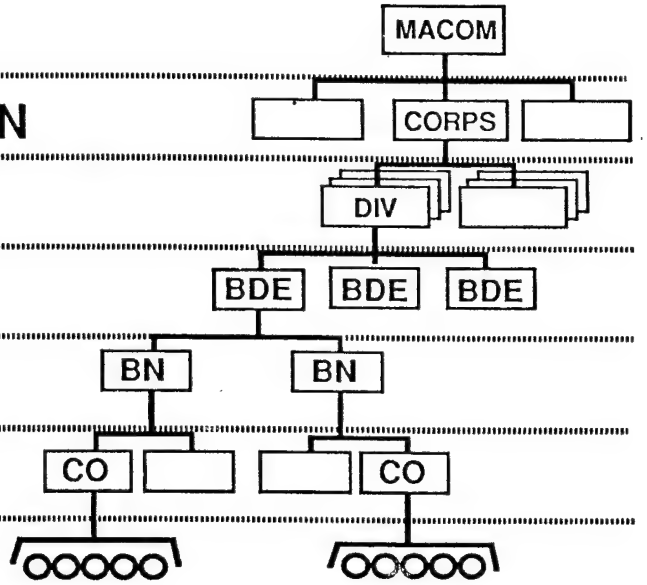
PLT/SQD

- PRACTICAL JUDGEMENT
- IMMEDIATE ACTION DRILLS

FIG 6
14

COMPLEXITY AND STRUCTURE

TASK COMPLEXITY	ORGANIZATIONAL STRUCTURE
VII STRATEGIC OPTIONS	
VI WORLDWIDE DATA ACCUMULATION	
V SECOND ORDER CONSEQUENCES	
IV PARALLEL PROCESSING	
III ALTERNATIVE ROUTES	
II DIAGNOSTIC ACCUMULATION	
I PRACTICAL JUDGEMENT	



WORK, STRUCTURE, AND CAPABILITY

TASK COMPLEXITY		ORGANIZATIONAL STRUCTURE	COGNITIVE CAPACITY	
VII	STRATEGIC OPTIONS	MACOM	ALTERNATIVE STRATEGIES	VII
VI	WORLDWIDE DATA ACCUMULATION	CORPS	ACCUMULATED CONCEPTS	VI
V	SECOND ORDER CONSEQUENCES	DIV	CONCEPTUAL ARGUMENTS	V
IV	PARALLEL PROCESSING	BDE BDE BDE	2 OR MORE SERIAL PROCESSES	IV
III	ALTERNATIVE ROUTES	BN BN	SERIAL PROCESS	III
II	DIAGNOSTIC ACCUMULATION	CO CO	REASONED CONCLUSIONS	II
I	PRACTICAL JUDGEMENT		SIMPLE ASSERTIONS	I

Fig 8
18

DESIGN PRINCIPLE # 6

FOCUS ON GETTING WORK DONE
THIS REQUIRES A CLEAR DEFINITION OF WORK

PROBLEM:

That was tough WORK doing the WORK they gave me to do at WORK today

my effort	my tasks or assignments	my place of work

SOLUTION:

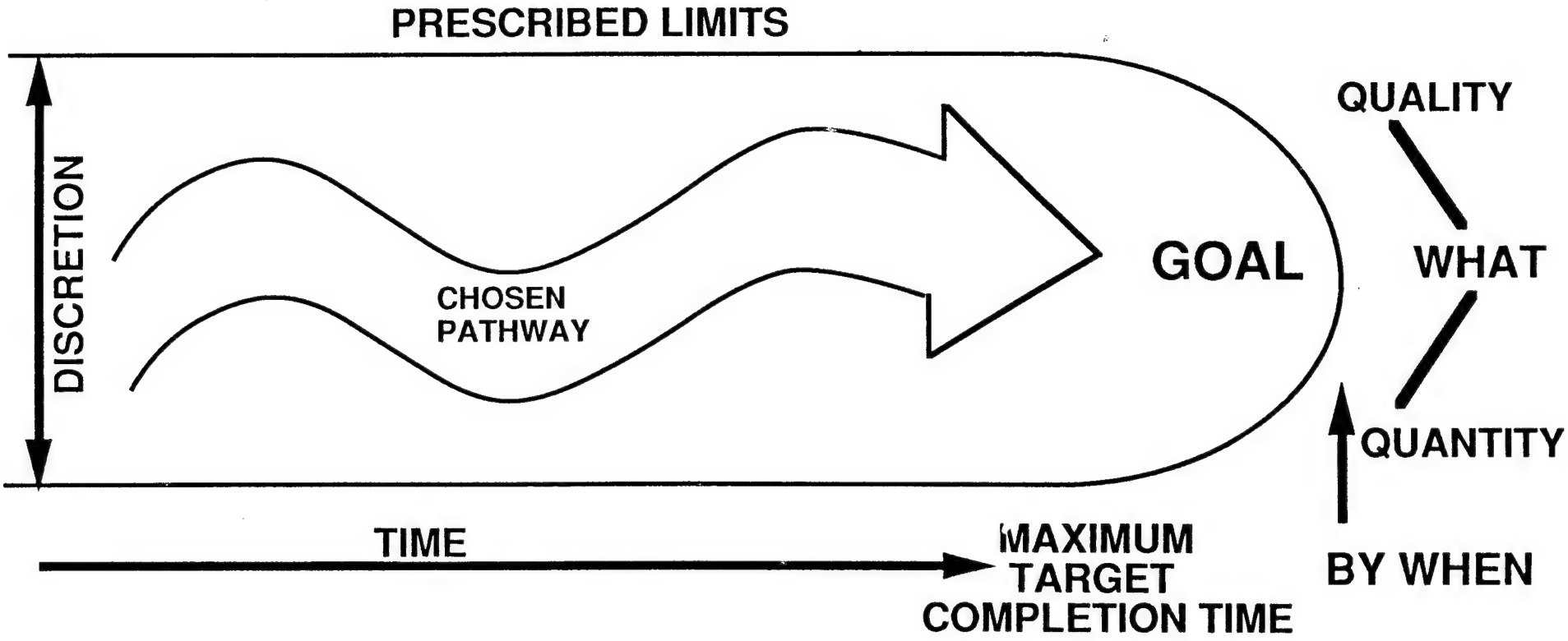
WORK - THE USE OF DISCRETION AND JUDGEMENT IN MAKING DECISIONS OR IN CARRYING OUT A TASK

TASK - AN ASSIGNMENT TO PRODUCE SPECIFIED OUTPUT (INCLUDING QUANTITY AND QUALITY) WITHIN A TARGETED COMPLETION TIME, WITH ALLOCATED RESOURCES, AND WITHIN SPECIFIED LIMITS

ROLE - A POSITION OCCUPIED IN THE ORGANIZATION

WORK IS DEFINED AS :

EXERCISE OF DISCRETION WITHIN LIMITS TO ACHIEVE AN OBJECTIVE WITHIN MAXIMUM TARGET COMPLETION TIME



LEVEL I COMPLEXITY

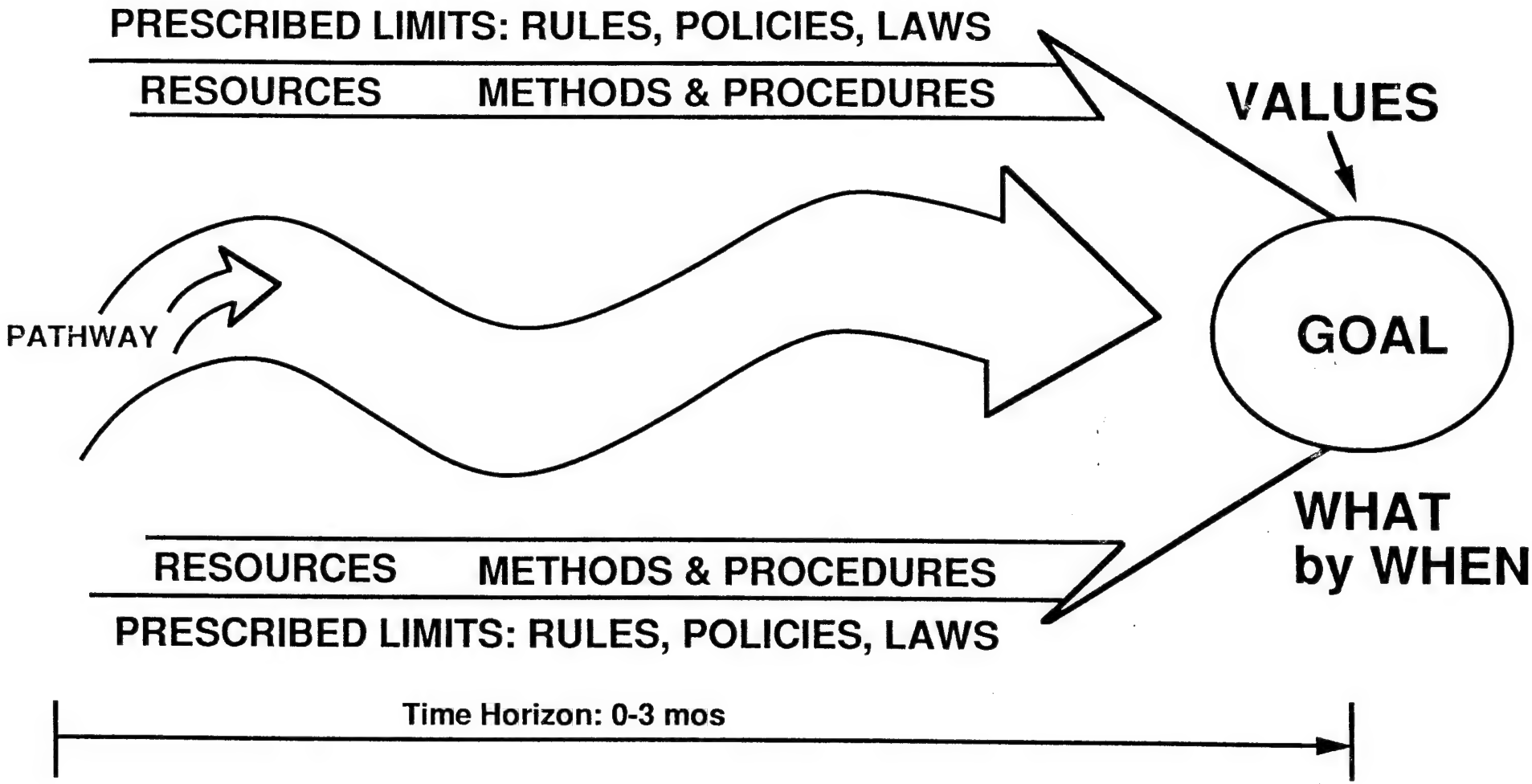


Fig 1

LEVEL II COMPLEXITY

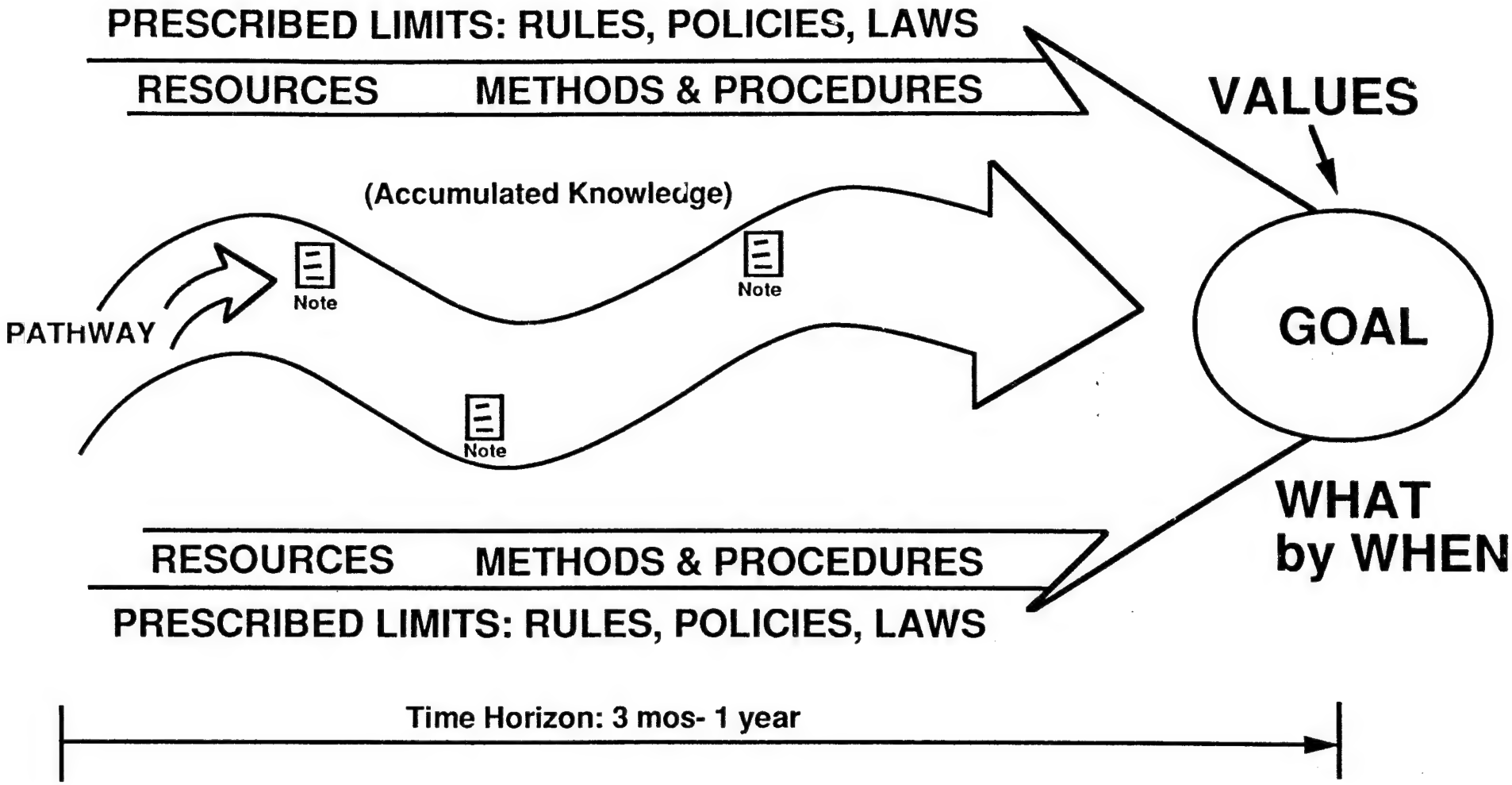
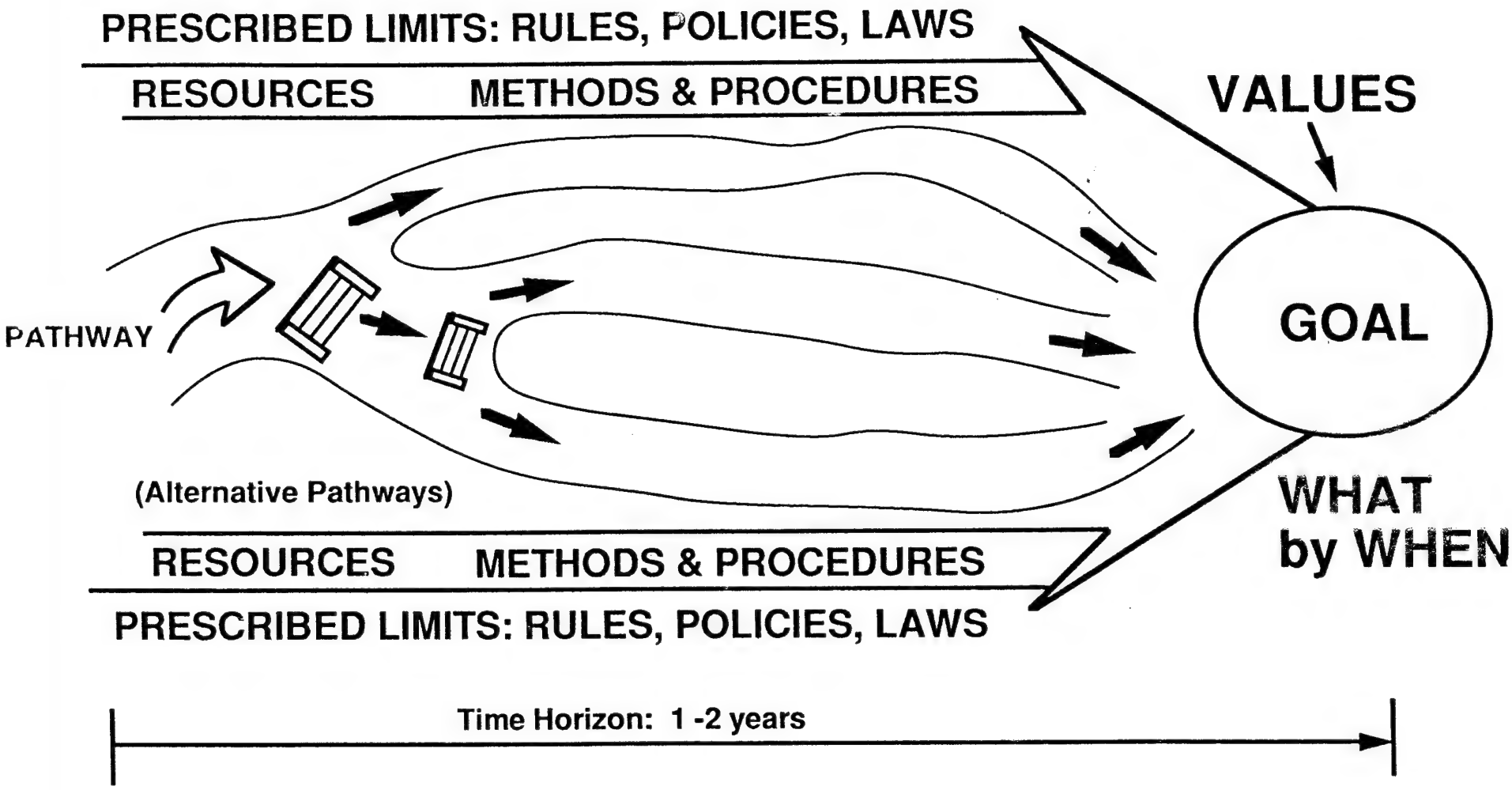


Fig 2

LEVEL III COMPLEXITY



ORGANIZATIONAL DESIGN INC. 1993

Fig 3

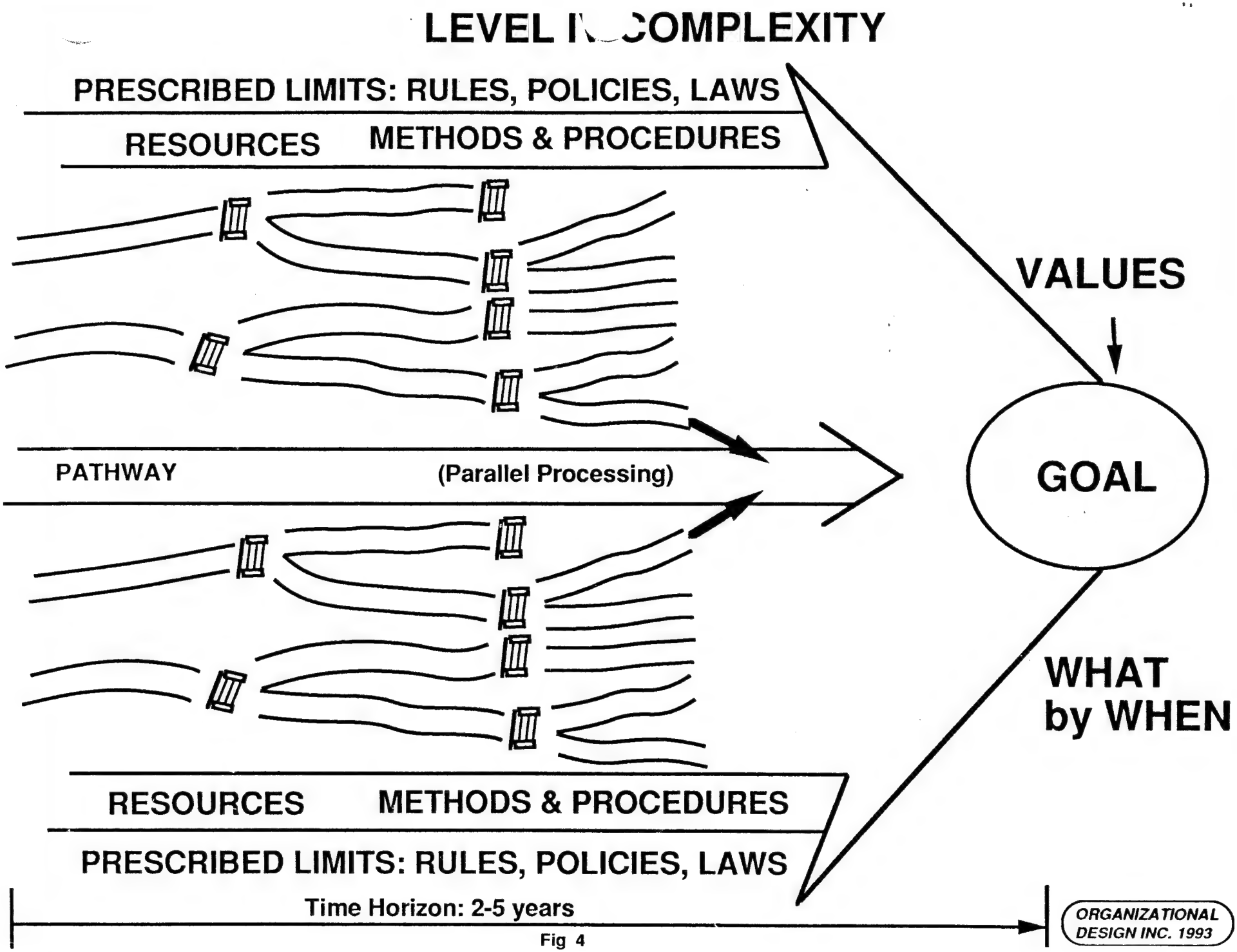

LEVEL I COMPLEXITY
PRESCRIBED LIMITS: RULES, POLICIES, LAWS
RESOURCES
METHODS & PROCEDURES
VALUES
PATHWAY
(Parallel Processing)
GOAL
WHAT
by WHEN
RESOURCES
METHODS & PROCEDURES
PRESCRIBED LIMITS: RULES, POLICIES, LAWS
Time Horizon: 2-5 years
ORGANIZATIONAL
DESIGN INC. 1993

Fig 4

LEVEL V COMPLEXITY

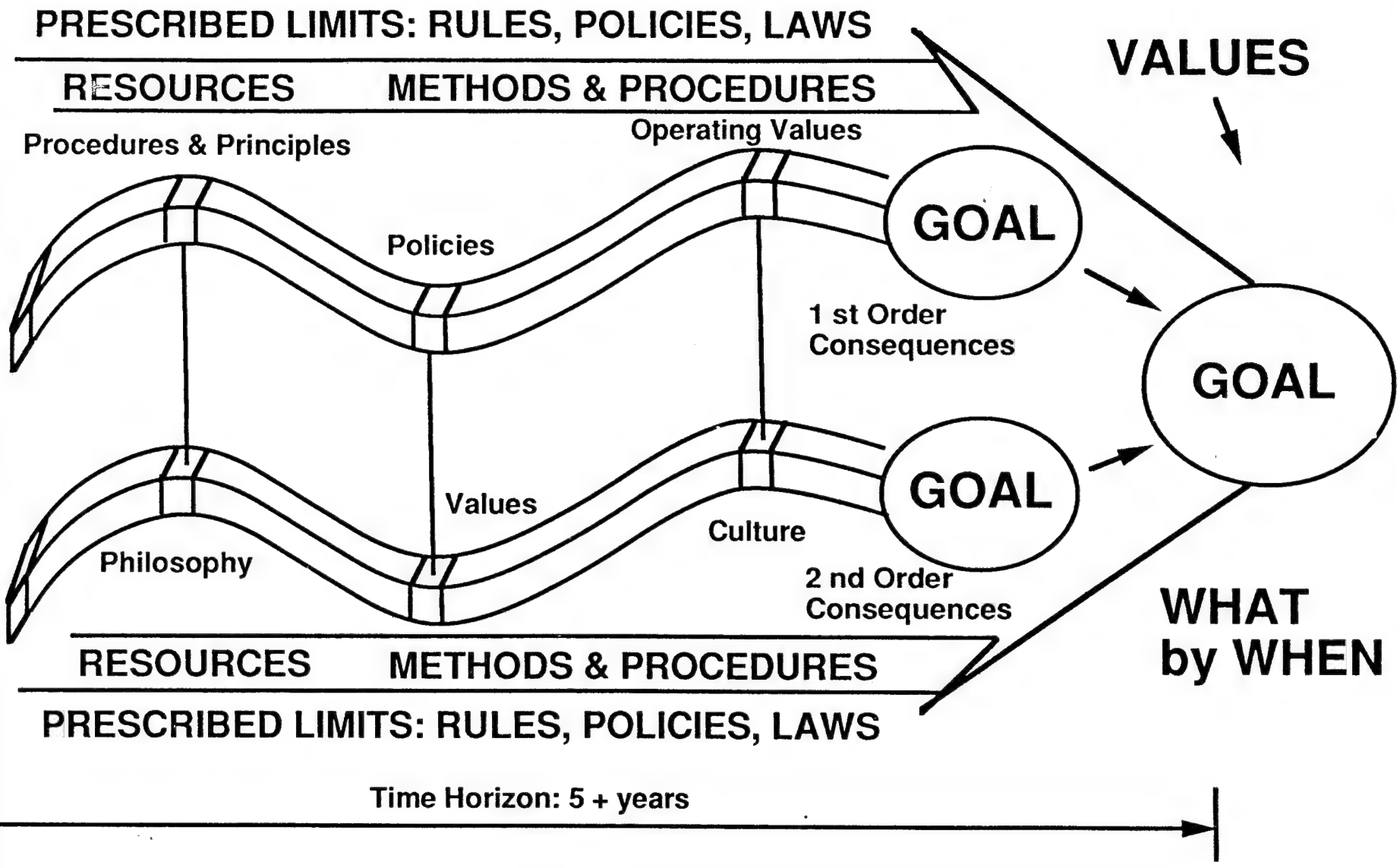


Fig 5

HANDLING COMPLEXITY

is at the heart of

SOLVING PROBLEMS

INDIVIDUAL WORKING CAPACITY

Individual Working Capacity = f [Information & Problem Solving Capability X Values X Wisdom X Skill/Knowledge X Temperament]

ADDING VALUE

MANAGERS ADD VALUE TO THE WORK OF THEIR SUBORDINATES BY SETTING AN EFFECTIVE CONTEXT FOR THEIR WORK

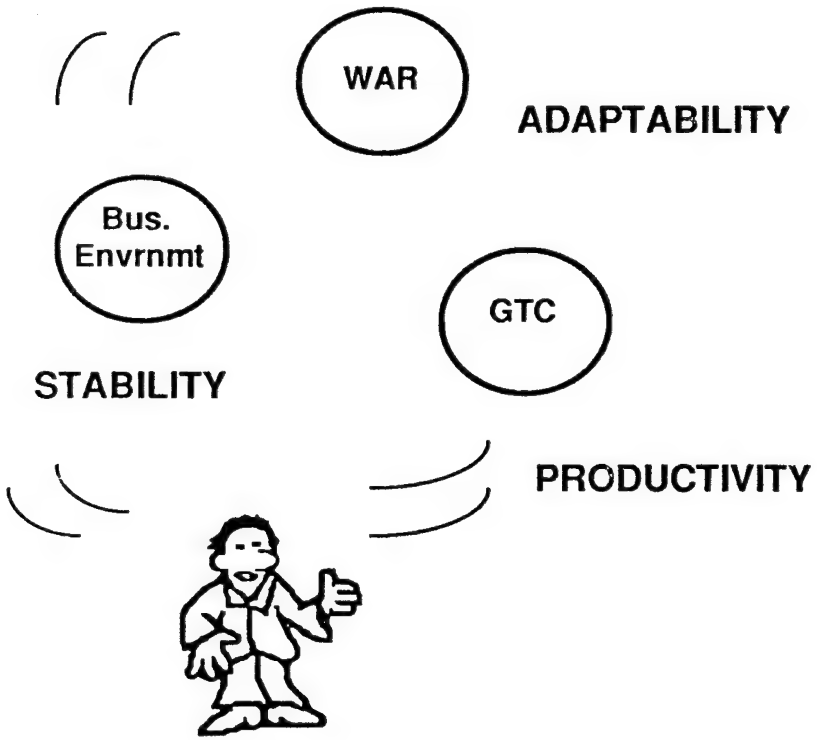
TO BE ABLE TO DO SO, MANAGERS MUST BE IN THEIR NEXT HIGHER DISCRETIONARY MIND SET FROM THEIR SUBORDINATES

IF THEY ARE IN THE SAME DISCRETIONARY LEVEL THEY CANNOT SET A PROPER CONTEXT FOR ASSIGNING TASKS AT THIS LEVEL OF WORK

WORK & COMPLEXITY

- INDIVIDUALS ARE CAPABLE OF OPERATING AT THEIR CURRENT LEVEL OF WORK
- THEY ARE CAPABLE OF UNDERSTANDING WORK ONE LEVEL UP
- THEY ARE ABLE TO DESCRIBE AND ARTICULATE WORK REQUIREMENTS ONE LEVEL DOWN

CORPORATE MISSION: PROFITABLY SATISFYING THE NEEDS OF CUSTOMERS

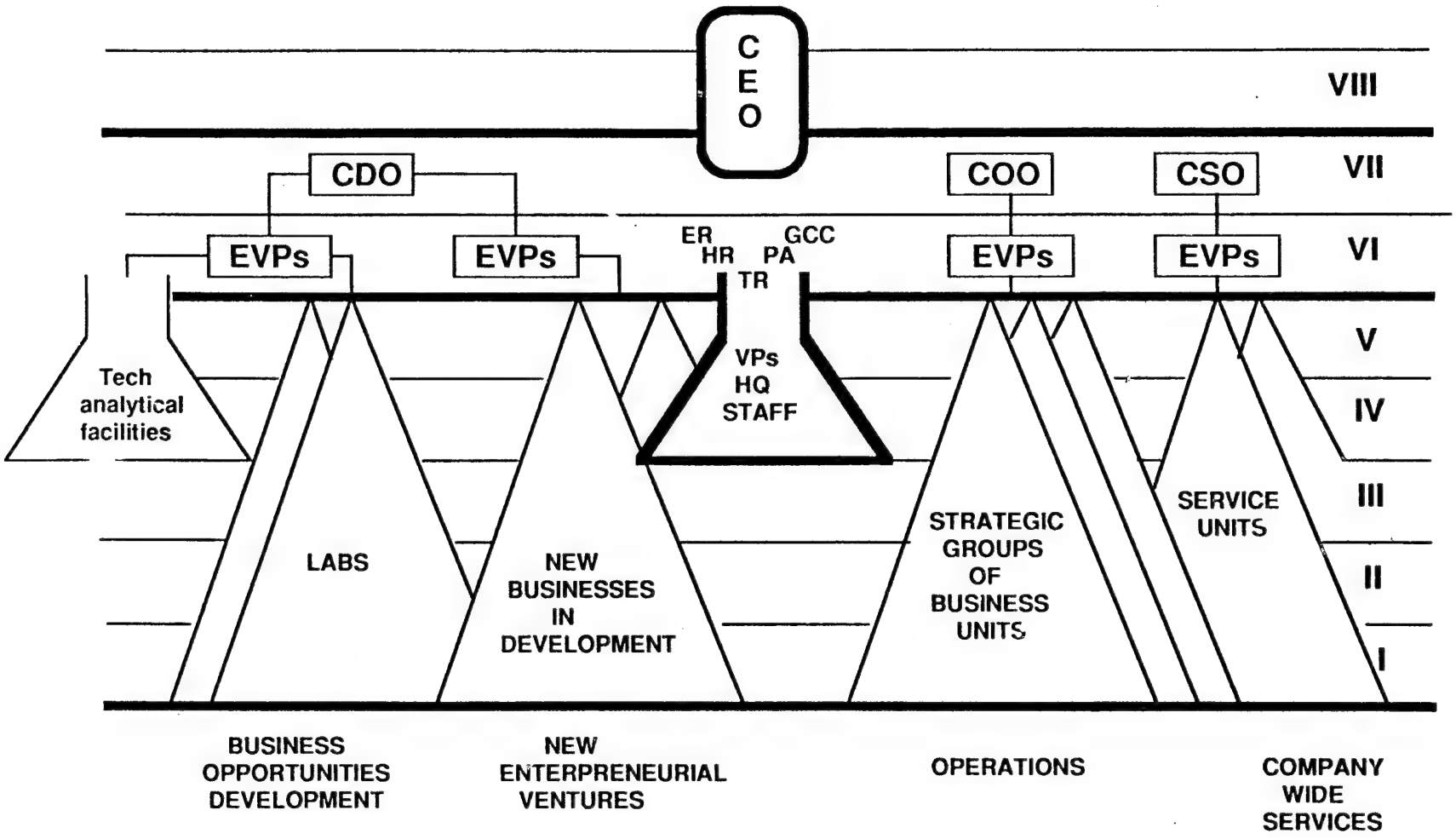


THE CEO AT WORK

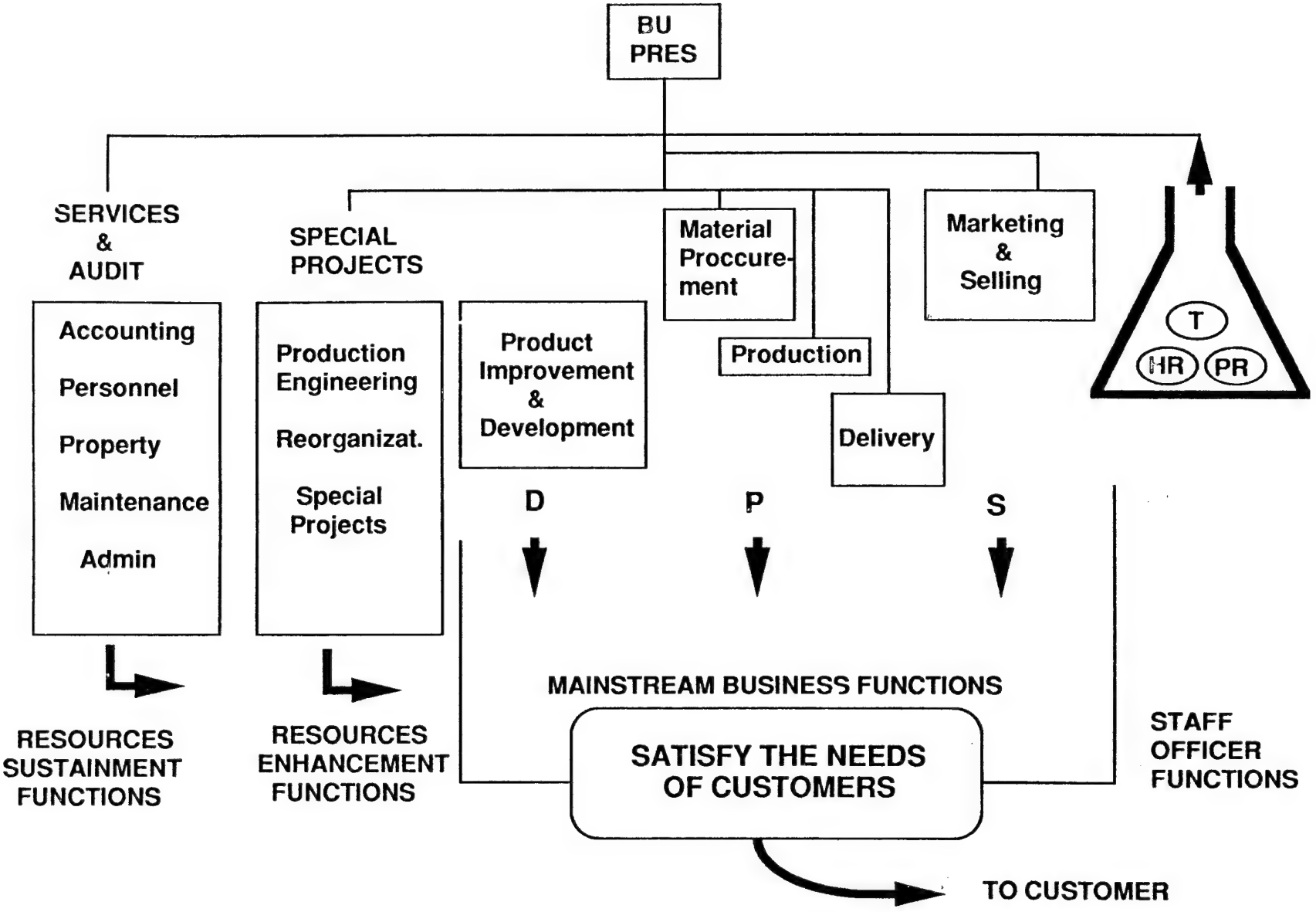
1. Maintain a competitive entrepreneurial thrust
   - lean strategic HQ
   - Business Opportunities Development Group
   - a New Ventures Group

2. Maintain an Operations Group
   - Strategic Business Units
   - Group-wide Service Units

CORPORATE FUNCTIONAL ALIGNMENT

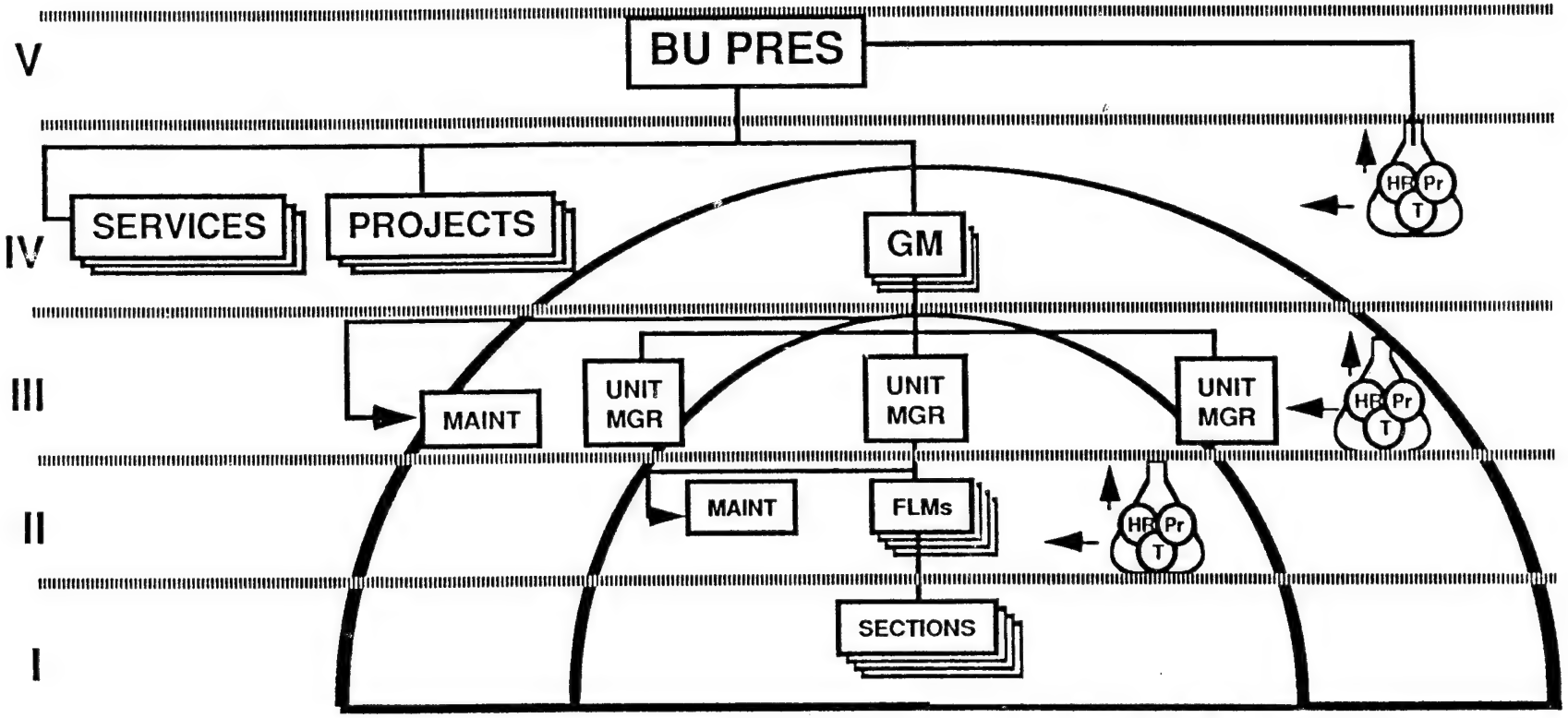


BUSINESS UNIT FUNCTIONAL MODEL



DESIGN PRINCPLE #5

BUSINESS UNIT MODEL



DESIGN PRINCIPLE # 7

FOR ANY GIVEN ROLE, DETERMINE IF THE ROLE OUTPUTS ARE: 1. TO BE SENT OUT FROM THAT LEVEL (DIRECT OUTPUT, 2. MAJOR OUTPUTS DELEGATED DOWNWARD, (DDO), OR IF THE OUTPUTS ARE TO BE SENT UPWARDS (DOS)

DIRECT OUTPUT (DO)

Output which is signed of directly and sent neither up nor down

DELEGATED DIRECT OUTPUT (DDO)

Outputs which are assigned to be produced and sent out at subordinate levels

DIRECT OUTPUT SUPPORT

Support given by a subordinate to assist their manager with the manager's own direct output

DESIGN PRINCIPLE #7

FOR ANY GIVEN ROLE, DETERMINE IF THE ROLE OUTPUTS ARE: 1. TO BE SENT OUT FROM THAT LEVEL (DIRECT OUTPUT), 2. MAJOR OUTPUTS DELEGATED DOWNWARD, (DDO), OR IF THE OUTPUTS ARE TO BE SENT UPWARDS (DOS)

DIRECT OUTPUT (DO) - Output which is signed off directly and sent neither up nor down

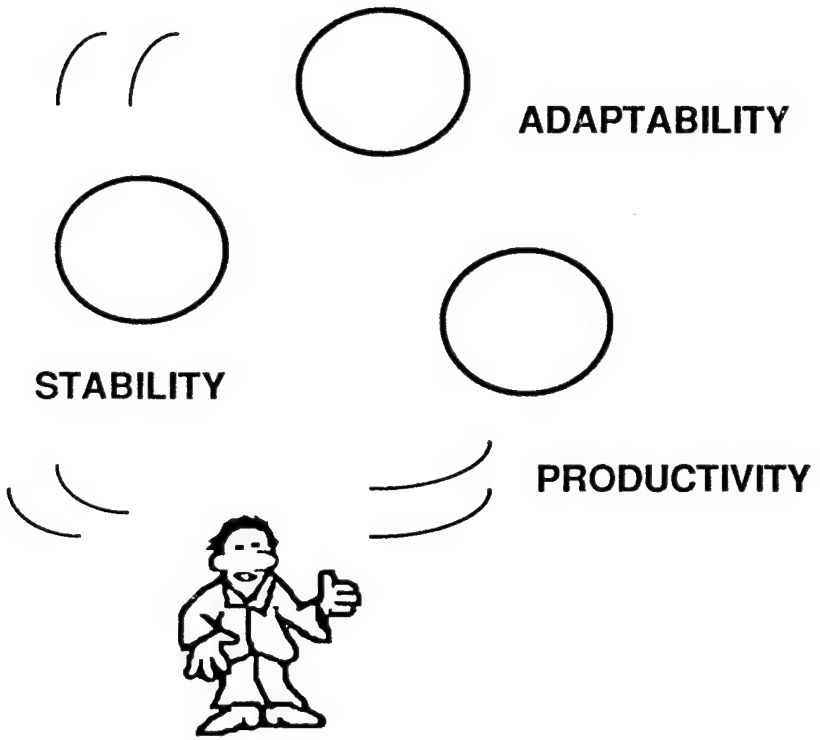
DELEGATED DIRECT OUTPUT (DDO) - Outputs which are assigned to be produced and sent out at subordinate levels

DIRECT OUTUT SUPPORT (DOS) -Support given by a subordinate to assist their manager with the manager's own direct output

POLICY CONTROLLED DIRECT OUTPUT _ The direct output of a subordinate which must be checked with a superior to ensure that it is within policy limits, before being signed off

CD WORK	DOCTRINE WORK	TRAINING WORK	LOG WORK
DO DOS	DO	DDO	DDO

TRADOC MISSION: SATISFYING THE NEEDS OF CUSTOMERS

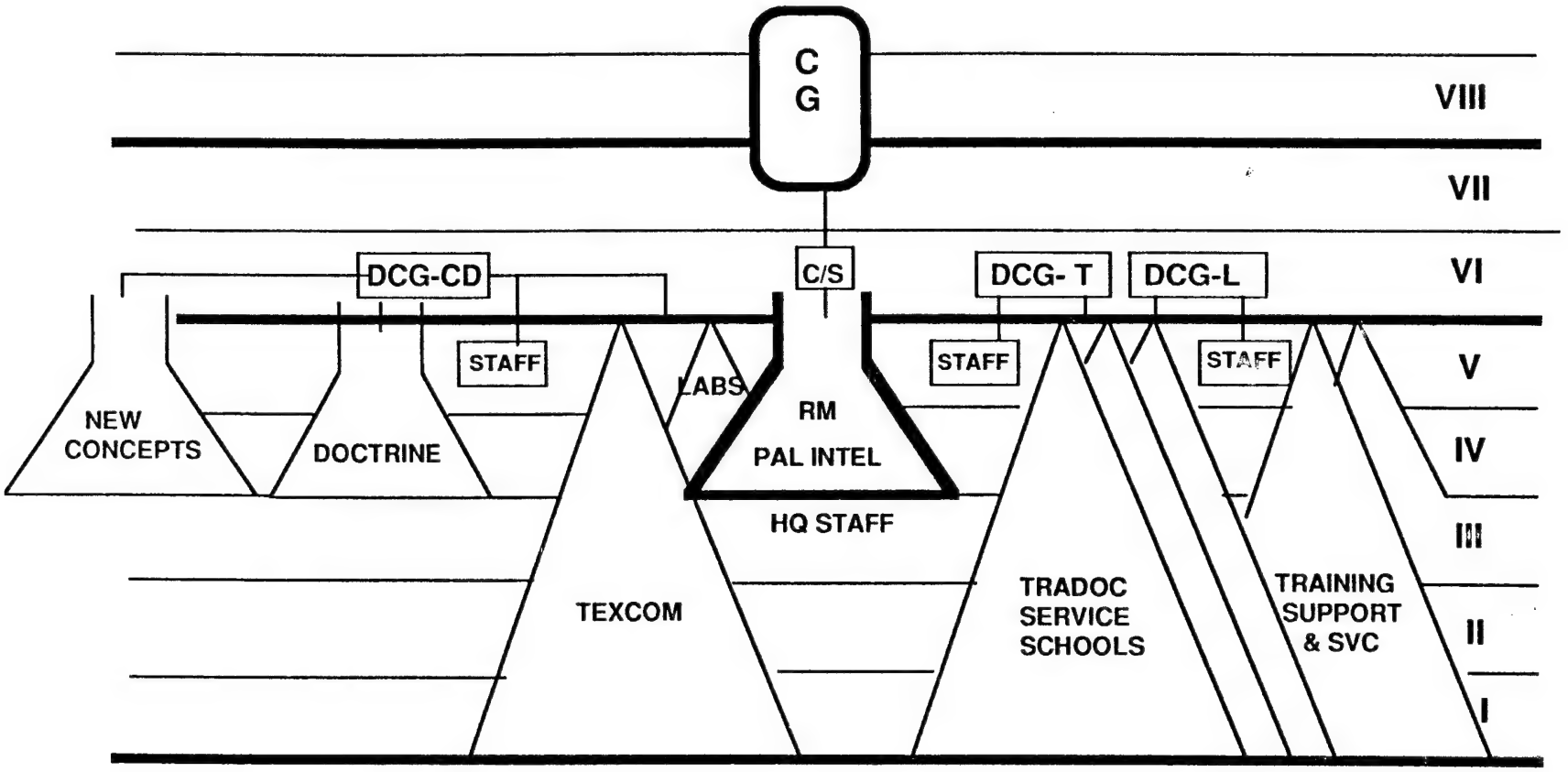


THE CG AT WORK

MAJOR MISSION AREAS

1. TRAINING
2. EQUIPMENT REQUIREMENTS
3. FORCE DESIGN
4. DOCTRINE
5. MISSION SUPPORT
6. LEADER DEVELOPMENT

TRADOC FUNCTIONAL ALIGNMENT



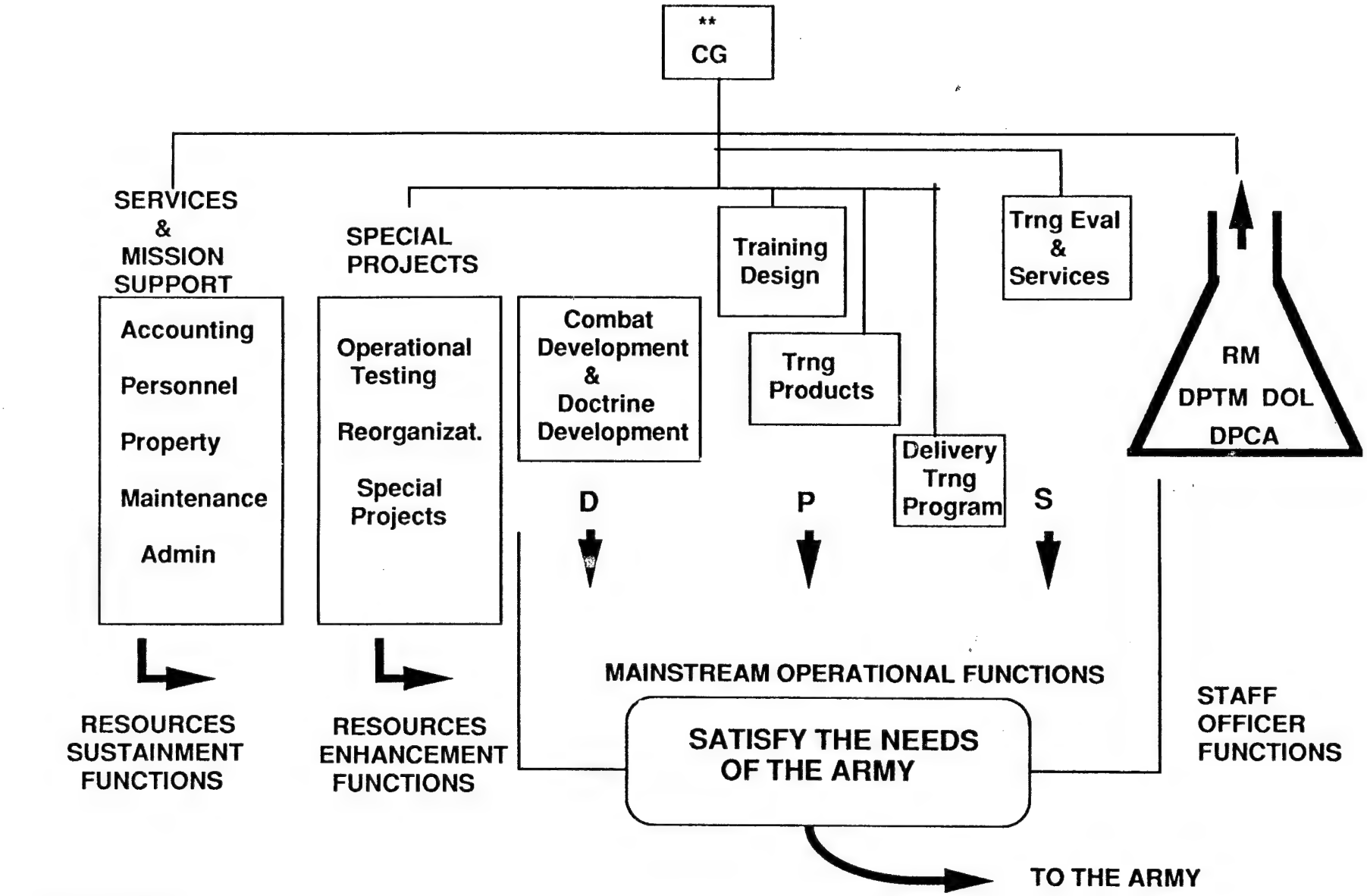
"THE FUTURE"

ARMY WIDE FOCUS

OPERATIONS

IMPROVEMENT OF CURRENT OPS &SVCS

SCHOOL FUNCTIONAL MODEL



PROPERTIES OF ROLES

1. ACCOUNTABILITY

2. AUTHORITY

TYPES OF ROLES

1. MANAGERIAL

2. STAFF

3. SUPPORT

4. INDEPENDENT CONTRIBUTOR

5. PROJECT MANAGER

6. MANAGER-ONCE-REMOVED

ROLE ACCOUNTABILITY FORMAT

1. GENERAL ACCOUNTABILITY STATEMENT

2. SPECIFIC WORK RELATED FUNCTIONS

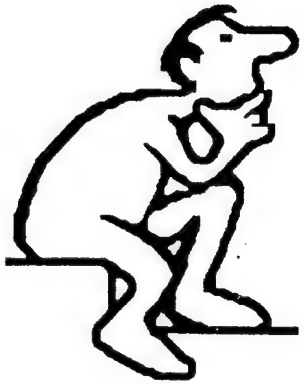
3. OUTPUTS TO BE PRODUCED

4. WORKING RELATIONSHIPS

DEVELOPING ROLES

DESIGN BASED

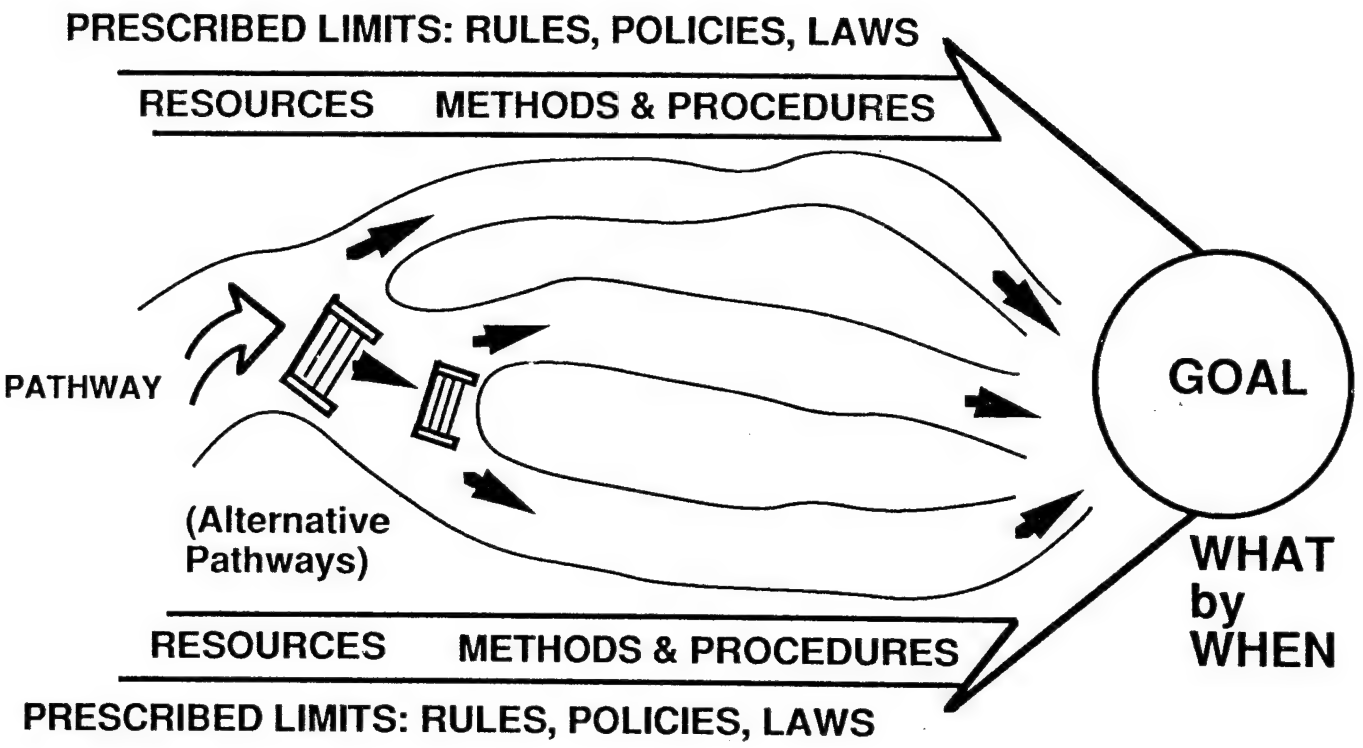
- CLEAR FUNCTIONS
- CUSTOMER FOCUSED
- APPROPRIATE LIMITS
- ADEQUATE AUTHORITY



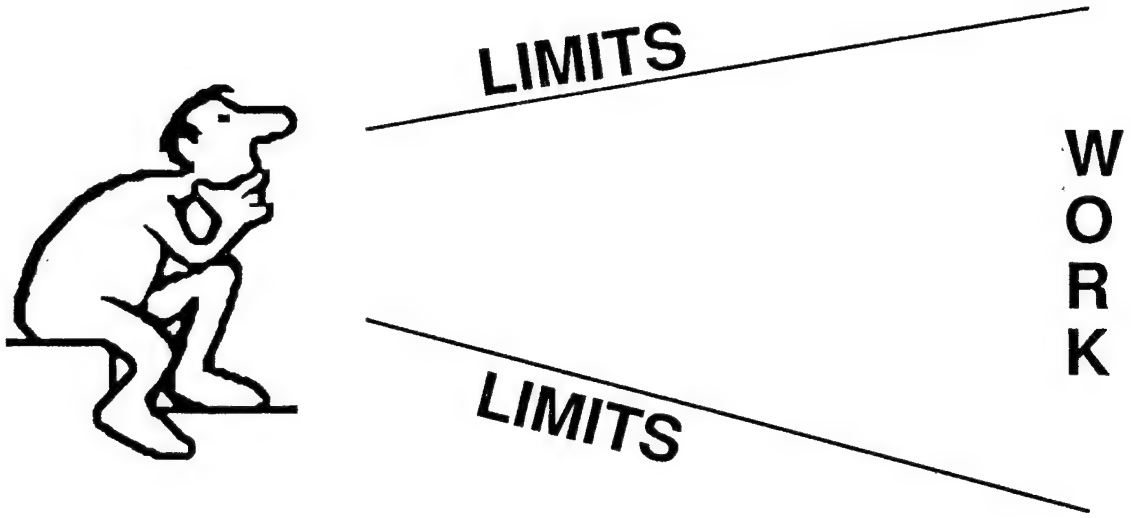
INDIVIDUAL BASED

- UNCLEAR RESPONSIBILITIES
- INADEQUATE CUSTOMER FOCUS
- UNSPECIFIED LIMITS
- AUTHORITY ILL DEFINED

WORK LIMITS



WORK EXPANSION



PRINCIPLE; In the absence of clear limits and specific accountabilities, highly capable people will expand their focus in order to work to their full potential

ROLE RELATIONSHIPS

HOW PEOPLE WORK TOGETHER"

Role relationships contain the volatile ingredients of interacting accountabilities and authorities.

The precise nature of these accountabilities and authorities are rarely specified.

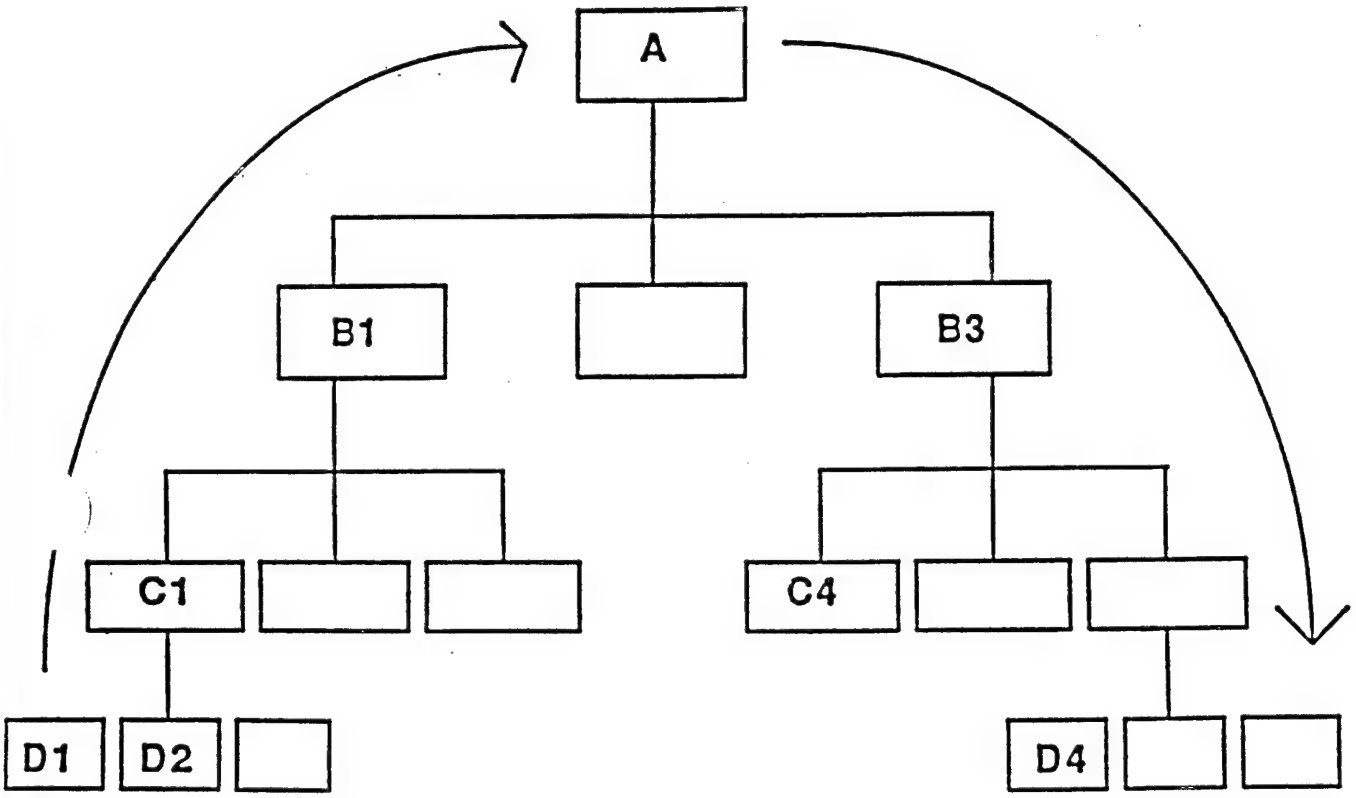
In the absence of specification, individuals make their own rules about what they can and cannot do in relation to one another. Some people may "pussyfoot" while others throw their weight around. This can easily lead to a chronic undertow of unease and vague suspicion which can grow into downright mistrust.

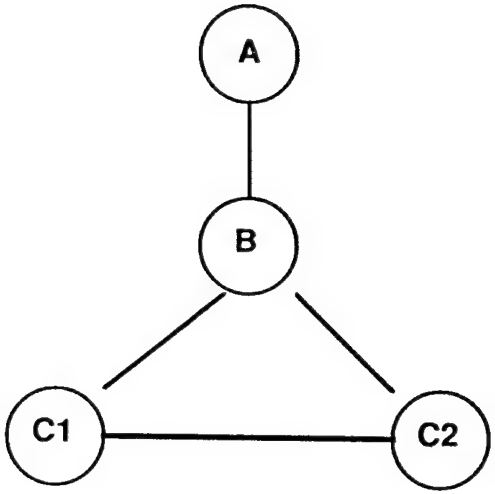
This has encouraged an unrealistic behavioral approach to organization, in which conflict and inefficiency are explained in terms of the motives and personalities of the individuals concerned.

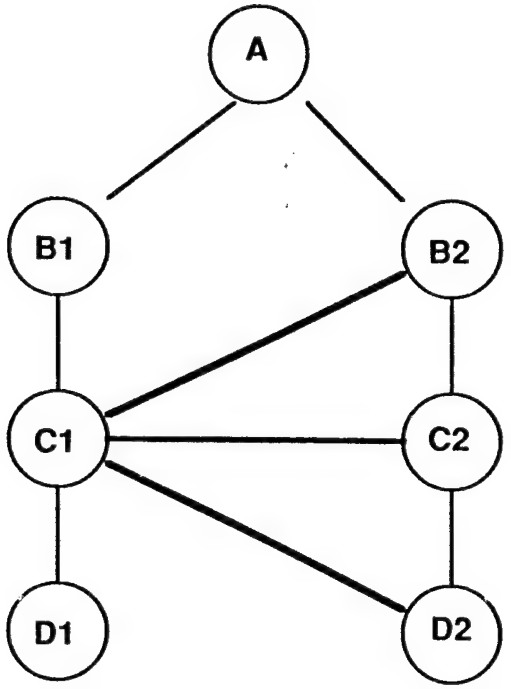
Organizational Development is perceived in terms of quasi-psychotherapeutic approaches designed to change the attitudes and behavior of individuals and how they cope with authority, power and conflict.

THE SOLUTION IS TO ESTABLISH THE REQUIRED ACCOUNTABILITY AND AUTHORITY CONTEXT FOR ALL ROLES THROUGHOUT THE ORGANIZATION

TASK ASSIGNING
TRADITIONAL WORK SYSTEM





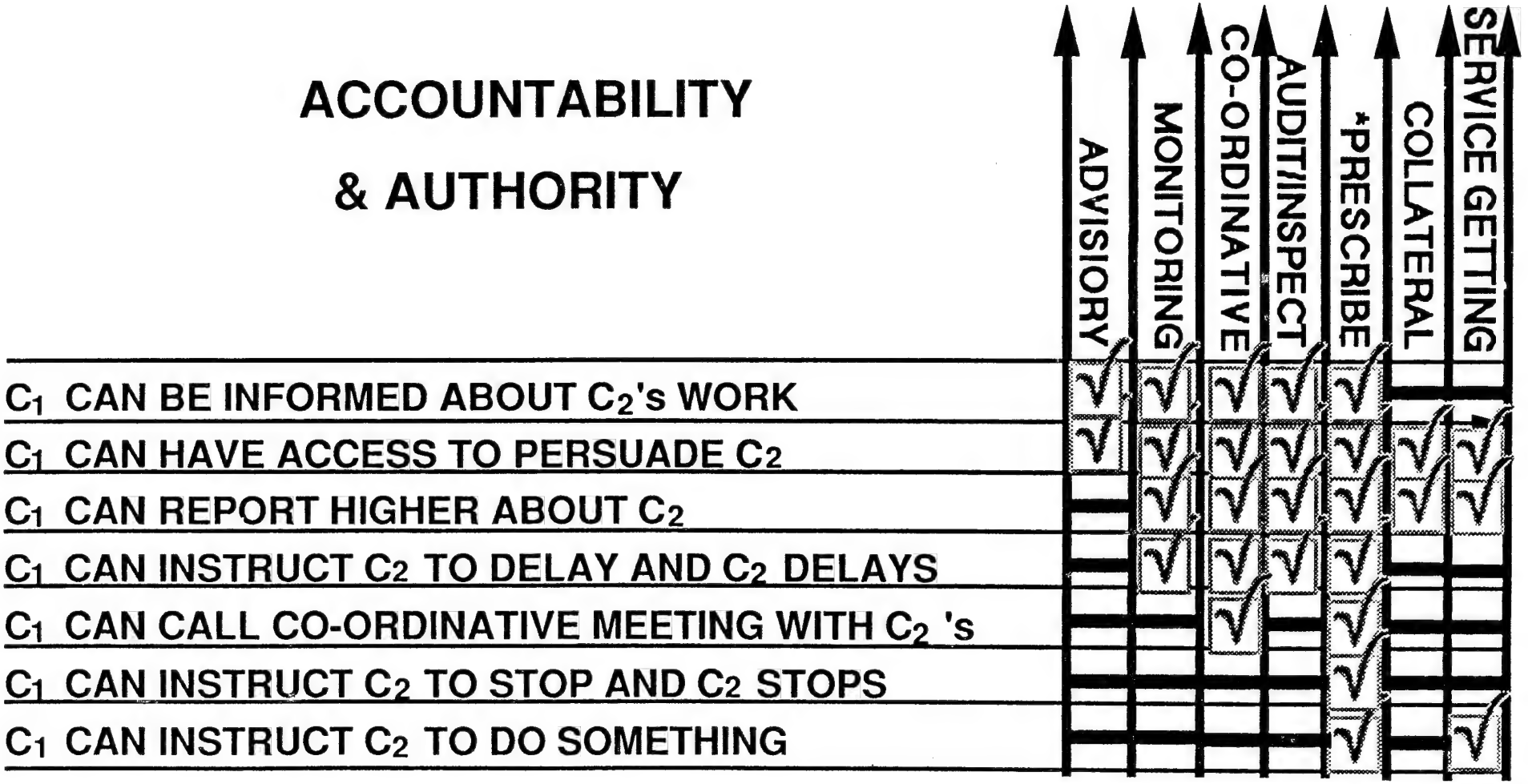


"C2"

TASK INITIATING ROLE RELATIONSHIPS

COLLABORATIVE ROLE RELATIONSHIPS: SUMMARY

ACCOUNTABILITY & AUTHORITY



LEADERSHIP COMPETENCE

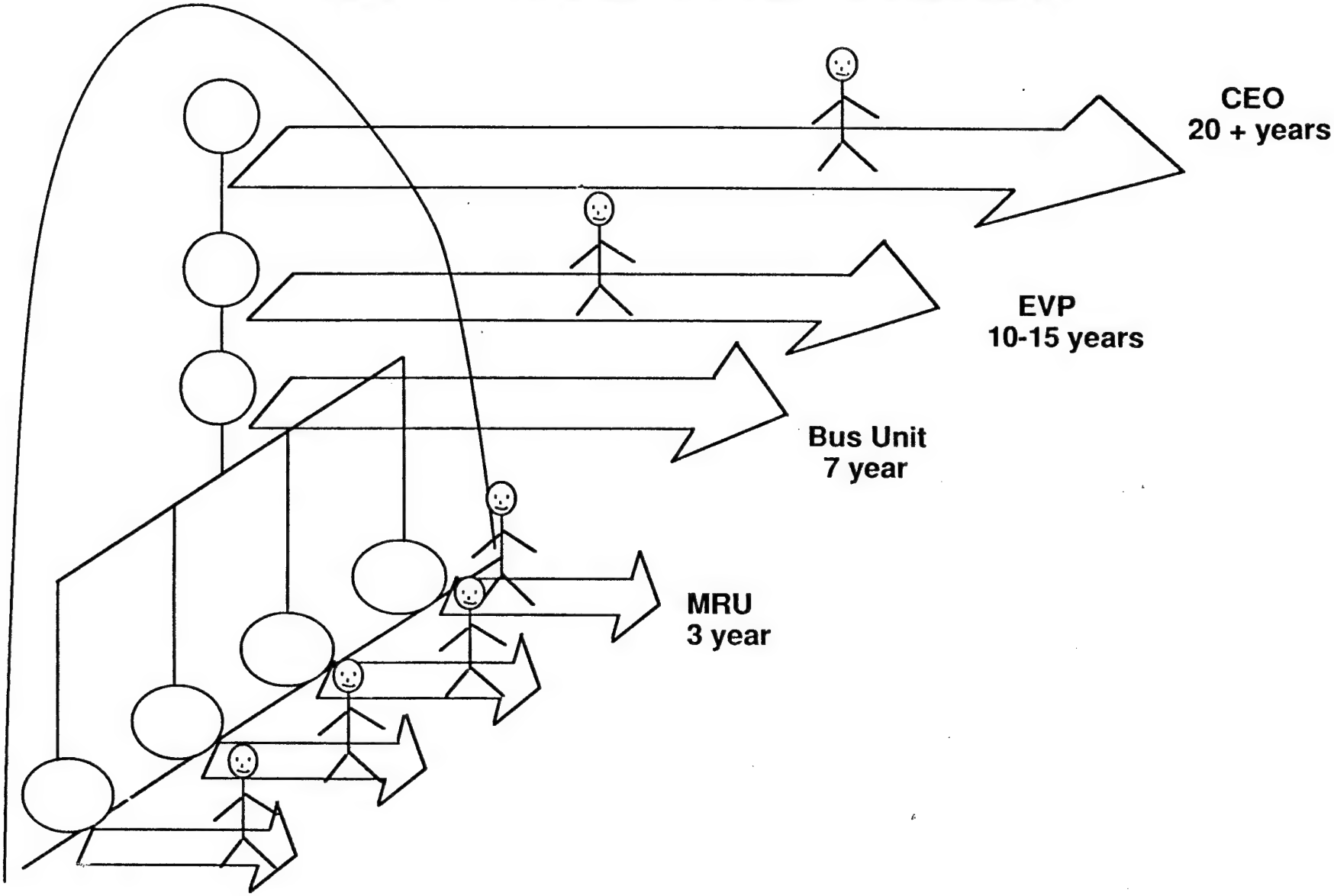
EVERYONE IS CAPABLE OF EXERCISING EFFECTIVE LEADERSHIP ACCOUNTABILITY

- SO LONG AS THEY VALUE THE ROLE
- ARE COMPETENT TO CARRY OUT THE BASIC REQUIREMENTS OF THE ROLE

LEADERSHIP DEFINITION

Leadership is the process where one person sets the purpose or direction for one or more other persons, and gets them to move along together with him or her and with each other in that direction with competence and full commitment

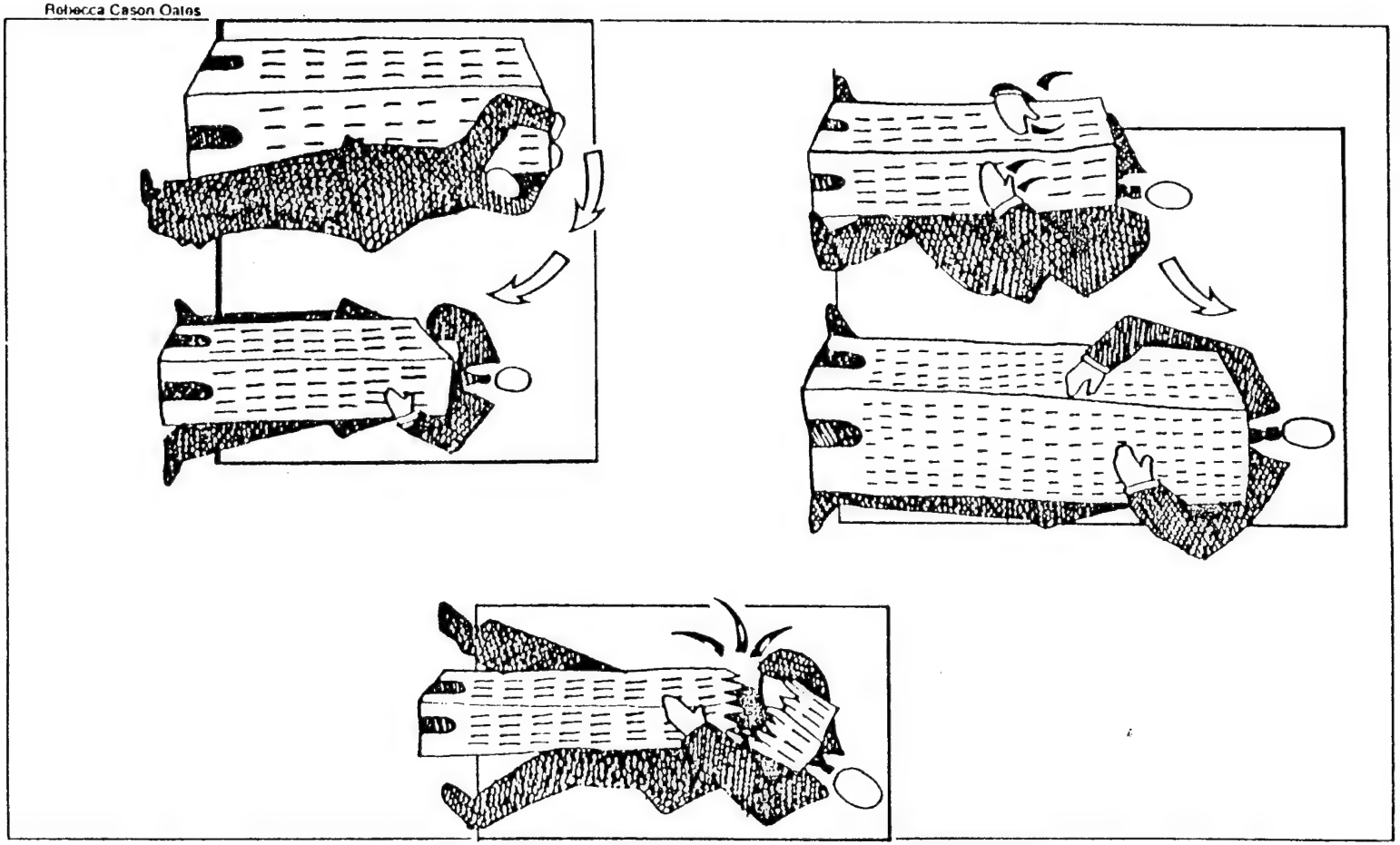
SETTING THE VISION

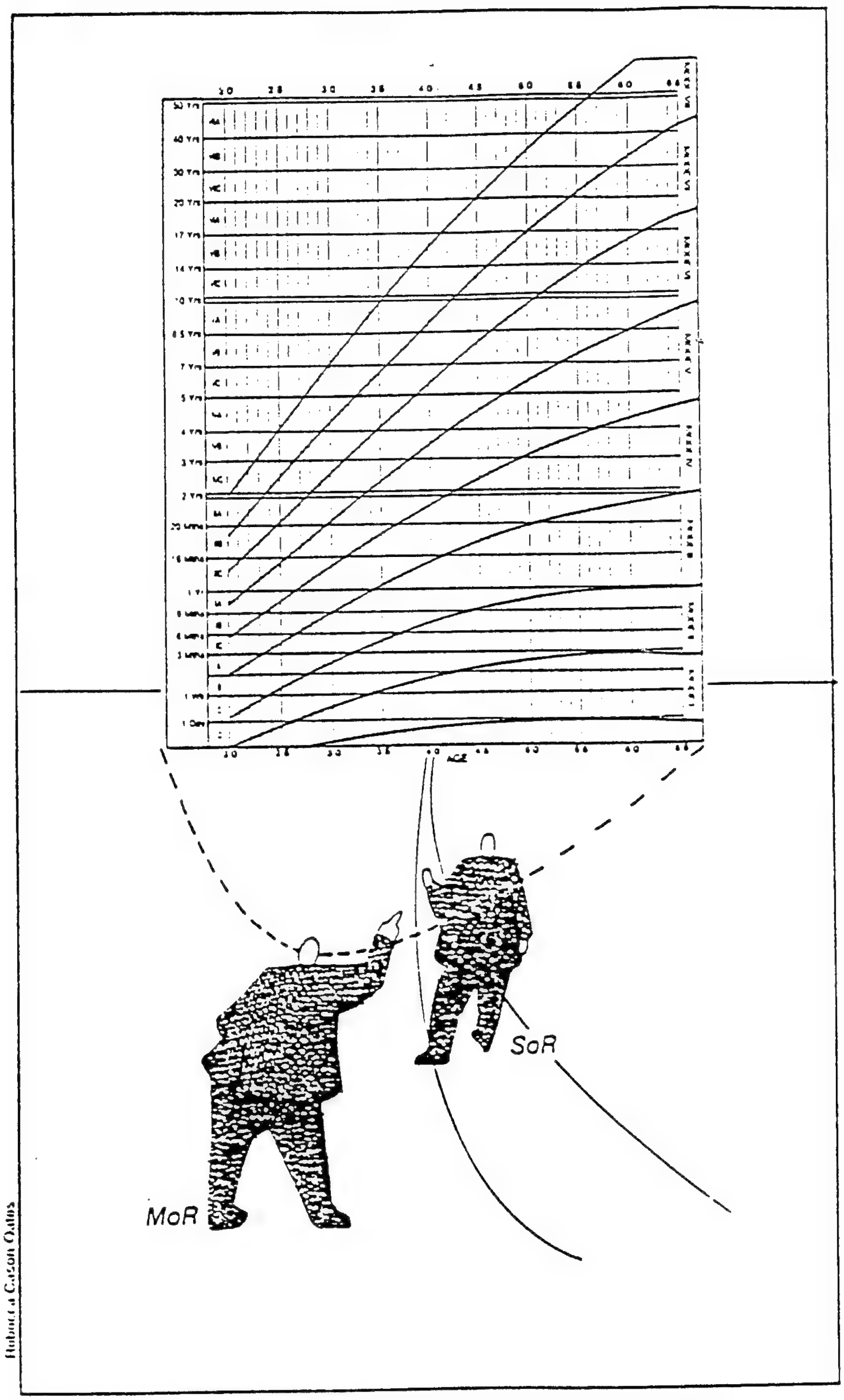


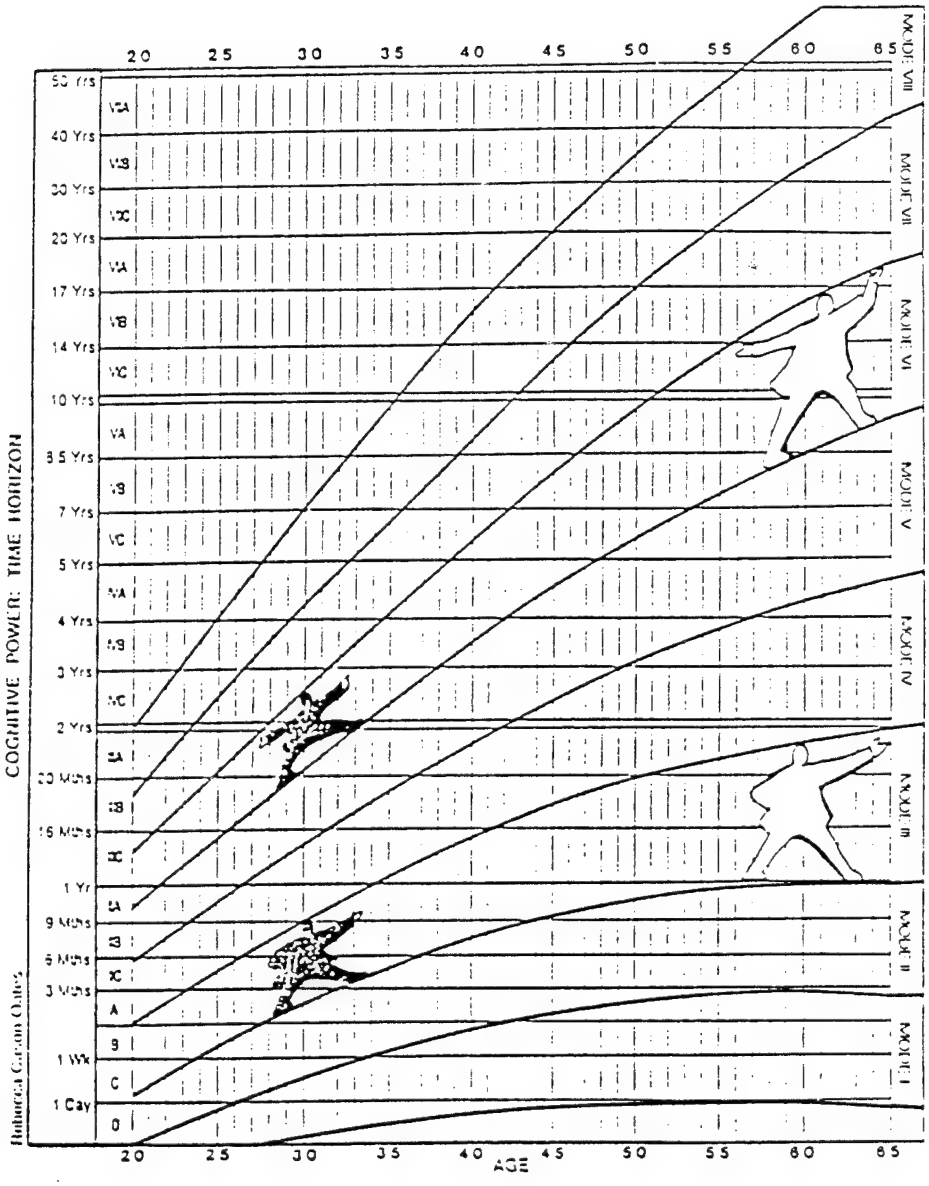
MANAGERIAL PRACTICES

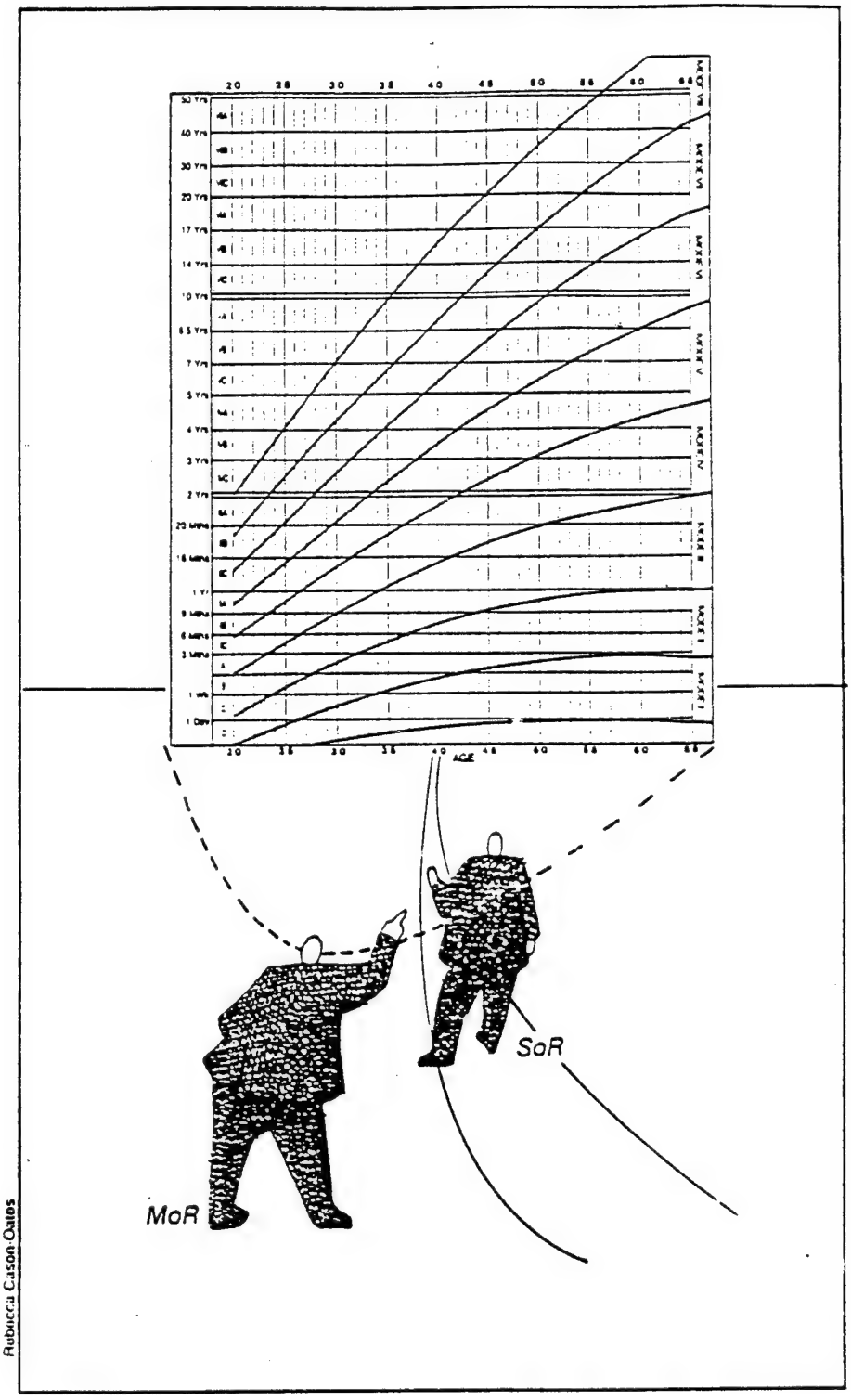
Planning
Task Formulation & Assignment
Personal Effectiveness Appraisal
Coaching
Training
Recognition, Penalities & Dismissal
Remuneration
Selection
Induction
Deselection
Retrenchment & Downsizing

Rebecca Cason Oates




AGE
SoR
MoR


COGNITIVE POWER: TIME HORIZON
Rebecca Gibson Oakley
AGE
20 25 30 35 40 45 50 55 60 65
50 Yrs
40 Yrs
30 Yrs
20 Yrs
17 Yrs
14 Yrs
10 Yrs
8.5 Yrs
7 Yrs
5 Yrs
4 Yrs
3 Yrs
2 Yrs
20 Mths
16 Mths
1 Yr
9 Mths
6 Mths
3 Mths
1 Wk
1 Day
MODE VIII
MODE VII
MODE VI
MODE V
MODE IV
MODE III
MODE II
MODE I



Rubricca Cason-Oates

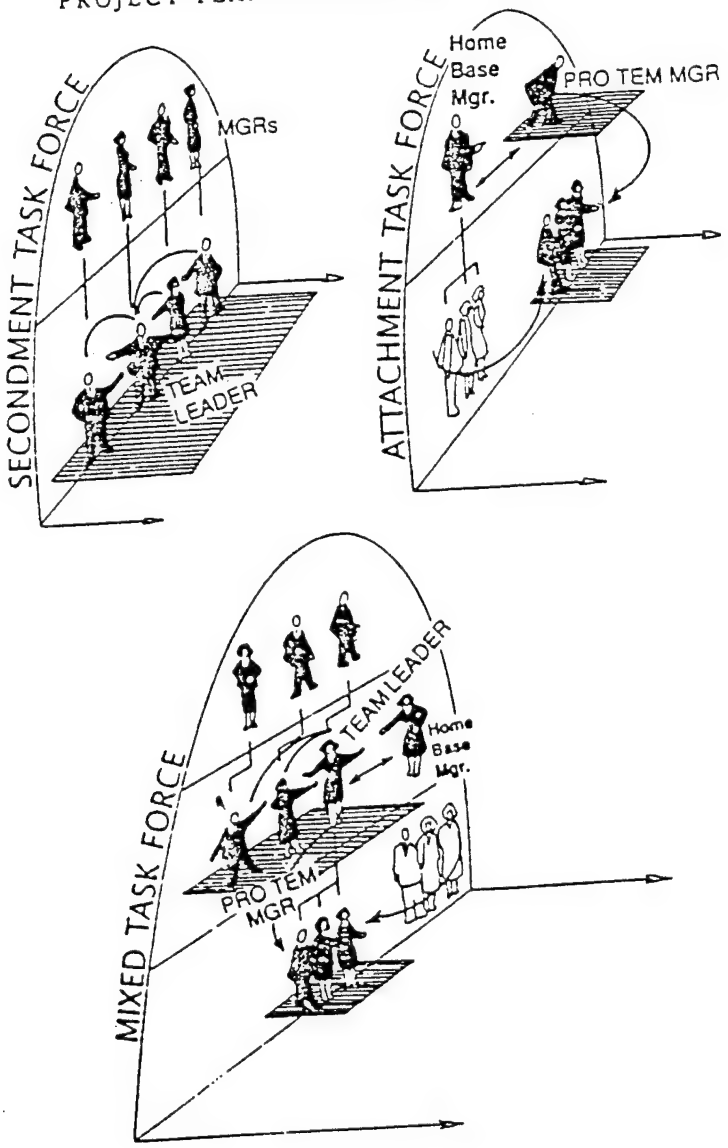
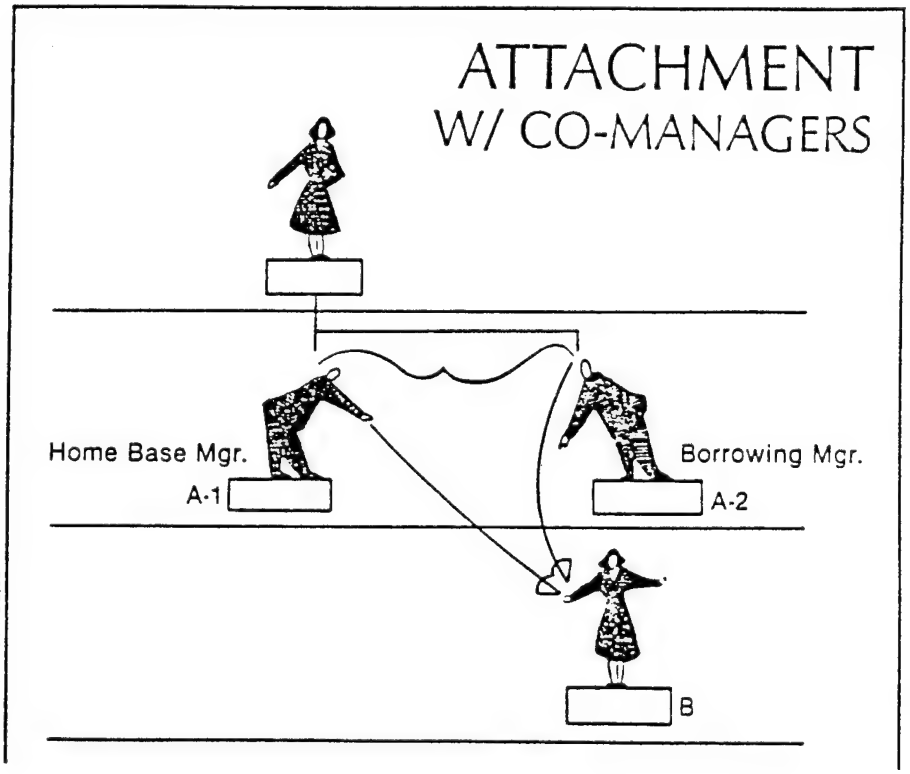


Figure 8.1 Project teams


ATTACHMENT
W/ CO-MANAGERS
Home Base Mgr.
A-1
Borrowing Mgr.
A-2
B
Rebecca Cason Oates

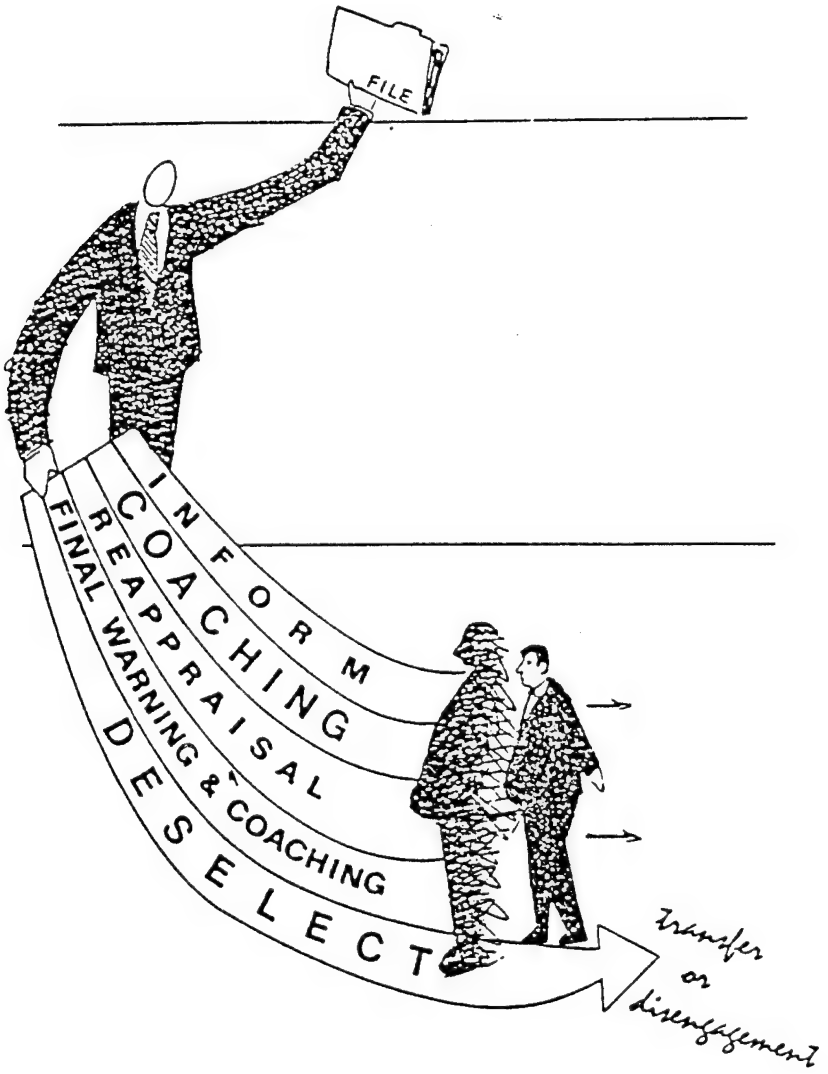


Figure 6.18 Deselection

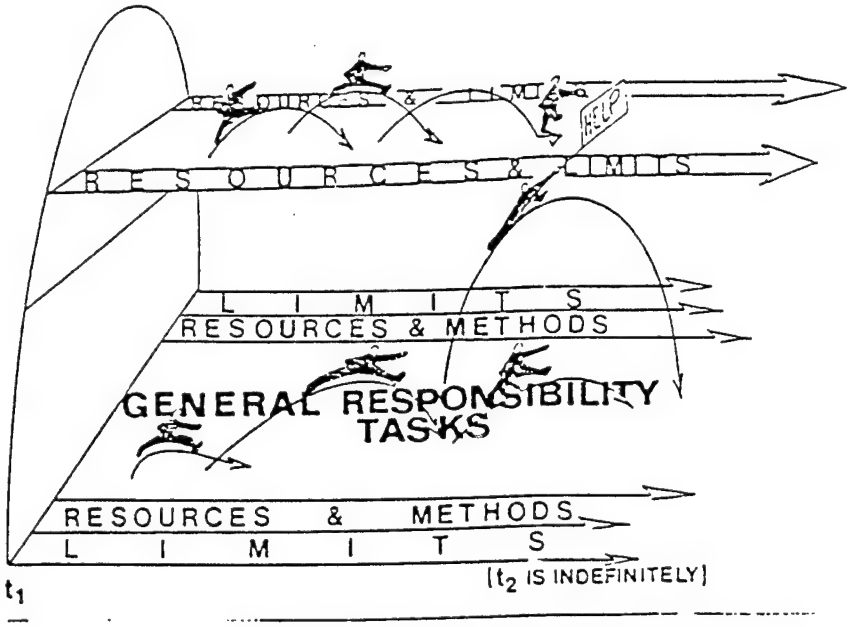


Figure 6.4 General responsibilities

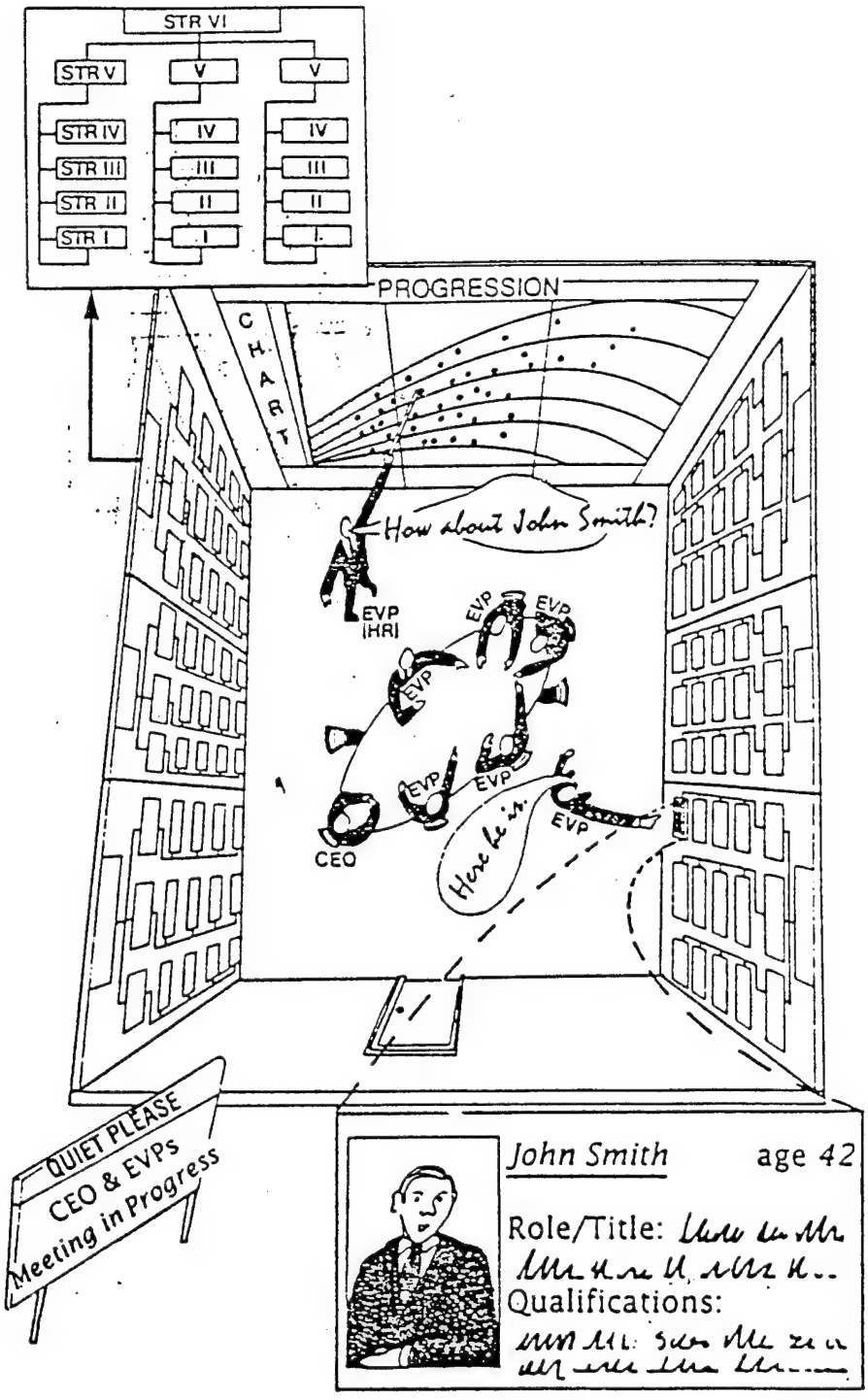
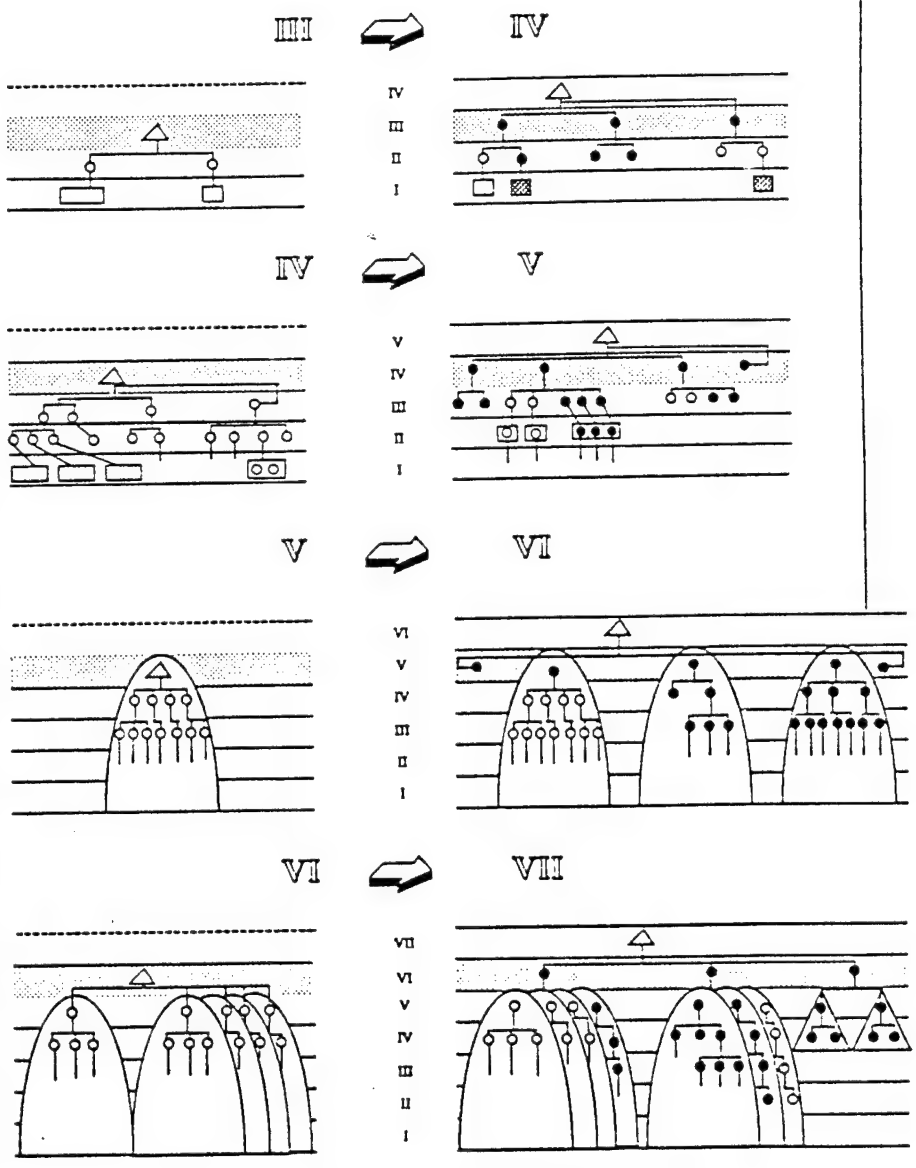


Figure 11.1 CEO's managerial leadership talent pool control room

What happens when the CEO moves up?



The stratum the CEO steps up from (shaded) becomes empty, and requires an entirely new set of roles at that stratum.

● New Role
○ Continuing Role

THE CHALLENGE

HOW TO WORK SMARTER

NOT

WORK HARDER

ENCLOSURE 5

IPR for The Surgeon General

"Knocking Off the Big Chunks"

Task Force Aesculapius

Purpose of IPR

- Present Aesculapius' position on major decision points
- Obtain TSG commitment
- Reduce options and refine plans
- Provide AcHs planning and action context
- Jaques: Intensify relationship between TSG and TFA

Major Decision Points

- ARSTAF
  - Location and Functions
- MEDCOM
  - Formation and Location
  - CDR Rank and Location
  - Functions
- REGIONS
  - Number and Report Chain
  - CDR Rank
  - Functions
- MEDCOM CDR - TSG Permutations

ARSTAF

DECISION POINT	AESCULAPIUS' POSITION
LOCATION	PENTAGON
SIZE	LESS THAN 100
FUNCTIONS	PAT
	REQUISITE STAFF

ARSTAF PROs

- Integrates & focuses staff actions & info exchange
- AMEDD only ARSTAF element not in Pentagon
- Increased visibility--Army & DOD(HA)
- Save $1.425M rent; other overhead cost savings

ARSTAF CONs

- Potentially less responsive administrative support
- Cost and downtime of OTSG staff during move

MEDCOM

DECISION POINT	AESCULAPIUS' POSITION
FORMATION	MELD OTSG, HFPA, HSC
LOCATION	FT SAM HOUSTON
CDR RANK	LTG
CDR LOCATION	FT SAM HOUSTON
FUNCTIONS	PAT

MEDCOM PROs

- Unity of command
- Reduces duplication & layering
- Paradigm I, II, III integration
- Not seen as "Business as Usual"
- Win - win: No losers thru "transformation"
- Places MEDCOM at locus of operations
- Moves assets from NCR

MEDCOM PROs
(continued)

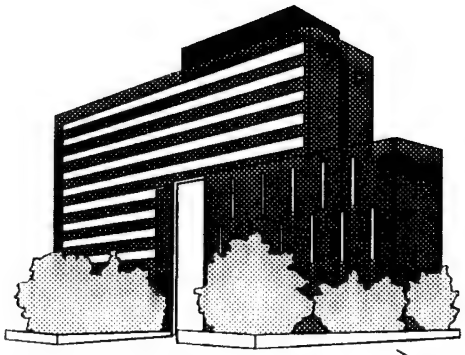
- Enhances Fort Sam as "AMEDD Center of Gravity"
  - clearly shifts operational base from NCR
  - space available after new BAMC opens
- Better platform to assume j-MEDCOM role under DHA
  - seen as separate from Army TSG office
  - DOD(HA) likes HSC model - this supercharges it
- Provides LTG MACOM voice to Chief of Staff

MEDCOM CONs

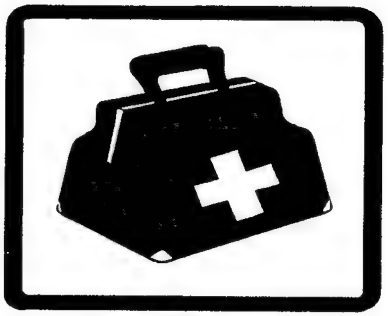
- HSC system working well enough
- Significant personnel turbulence- may trigger AR5-10
- May require new/renovated facility
- Requires Army Staff culture change
- Special interest concerns about move from NCR
- AMEDD influence in NCR
- May require change to Title 10, USC

REGIONS

DECISION POINT	AESCULAPIUS' POSITION
NUMBER	4: CORPS + WRAMC
REPORT TO	MEDCOM DIRECTLY
CDR RANK	GENERAL OFFICER
FUNCTIONS	PAT

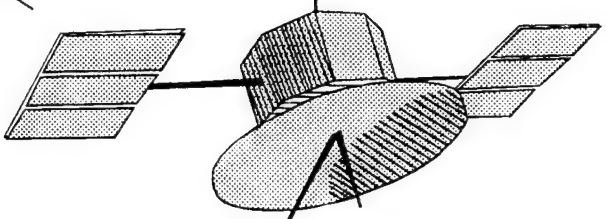


CIVILIAN
HEALTHCARE
ASSETS



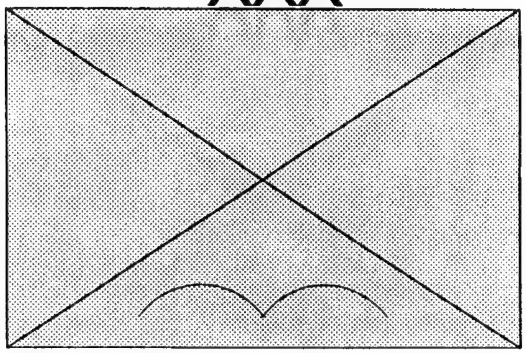
MTFs

RESERVE
COMPONENTS

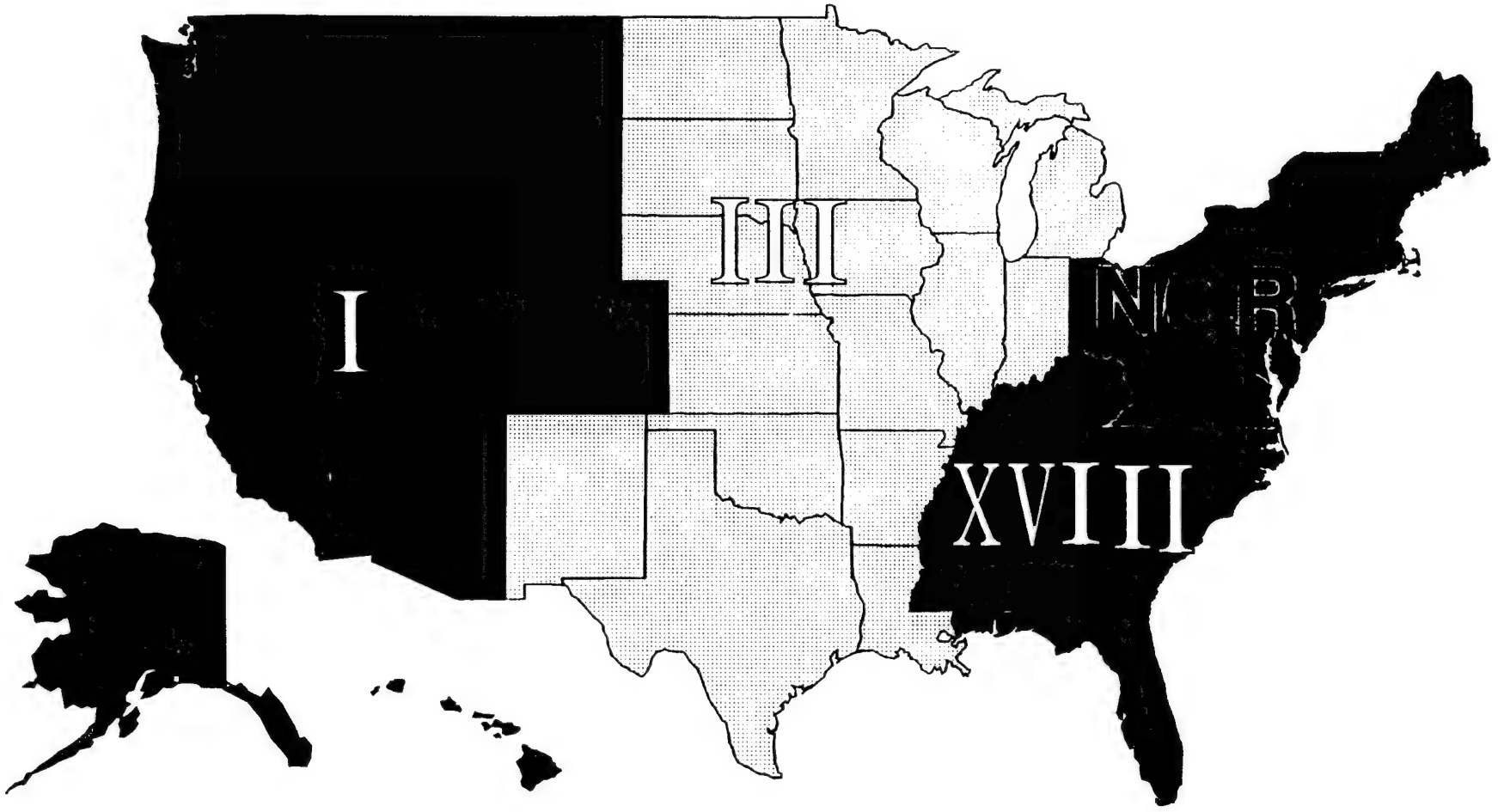


REGIONS

XXX



REGIONAL CONCEPT



Region PROs

- Aligns AMEDD with warfighting corps
- Reduces layering
- Improves planning & execution
- Integrates Paradigms I, II, III
- Provides framework for expanded AMEDD role under DHA

Region CONs

- HSC "good enough"
- Redistribution of assets
- Additional space/facility for region HQs
- Shift in leader development
- Moving GOs

CDR/TSG PERMUTATIONS

- CDR IS LTG; TSG IS MG
- LTG DUAL HATS; DSG RUNS ARSTAF

MEDCOM CDR - TSG Permutations

CDR is LTG/TSG is MG

- PROs
  - Commanders report to Commander
  - Separates policy from operations
  - Eliminates permanent "Acting" title
  - Doesn't waste star in position that does not control $ and people
  - Clarifies "who's in charge"
- CONs
  - requires Title 10 change

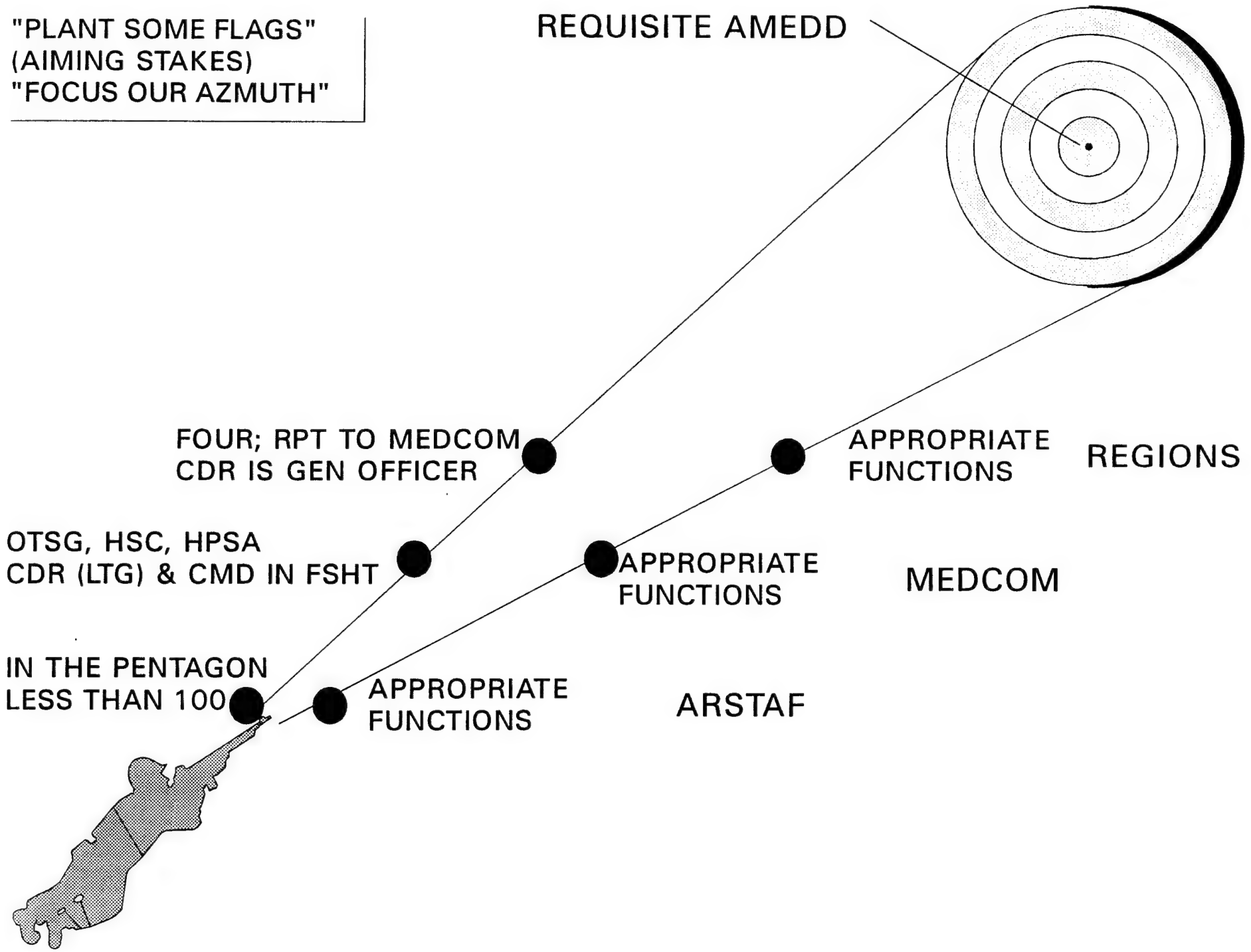
MEDCOM CDR - TSG Permutations

LTG dual-hats/DSG runs ARSTAF

- PROs
  - Commanders report to Commander
  - Least disruptive to status quo
  - Doesn't waste star in position that does not control $ and people

- CONs
  - Requires Title 10 change
  - Does not separate policy and operations
  - Confuses role of "who's in charge"

"PLANT SOME FLAGS"
(AIMING STAKES)
"FOCUS OUR AZMUTH"



Summary Statements

- ARSTAF element will be in Pentagon
- MEDCOM will meld appropriate functions from OTSG, HPSA, & HSC; latter two will transform into core of MEDCOM
- MEDCOM located at Fort Sam Houston; LTG CDR also there
- There will be four regions: three aligned with warfighting corps and one centered on WRAMC
- Regions will be be led by General Officers reporting directly to the MEDCOM
- Function of Regions, MEDCOM, & ARSTAF to be developed through use of PATs under Aesculapius direction
- MEDCOM CDR is senior AMEDD leader

ENCLOSURE 6

DEPARTMENT OF THE ARMY
OFFICE OF THE SURGEON GENERAL
5109 LEESBURG PIKE
FALLS CHURCH, VA 22041-3258

REPLY TO
ATTENTION OF

DASG-HCM (10)

16 JUL 1993

MEMORANDUM FOR DEPUTY CHIEF OF STAFF FOR OPERATIONS AND PLANS

SUBJECT: Revised Concept Plan for Establishment of the US Army Medical Command

1. Request approval to realign Army Medical Department (AMEDD) activities to establish the US Army Medical Command (USAMEDCOM). A revised concept plan is enclosed.

2. This proposal requires no additional resources from HQDA. Based on Army Secretariat staff comments addressing our original submission, our proposal has been significantly altered. As recommended by Task Force Aesculapius, the concept plan now recommends inactivation of the Health Services Command, and placement of the USAMEDCOM in Fort Sam Houston, Texas, instead of the National Capital Region. This proposal has been presented to the Acting Secretary of the Army, and key Secretariat and Army Staff principals. Their feedback has been universally positive.

3. I remain committed to placing the Army Medical Department on the proper path to enhance support of Army readiness and preserve the health of all eligible beneficiaries. On 8 July 1993, the Director of the Army Staff requested I submit the concept plan to the ARSTAF for formal staffing, with the objective of presenting to the Acting Secretary of the Army our proposal for formal decision by the end of July 1993. It is my goal to obtain approval to establish the command provisionally by 1 October 1993. Your assistance in facilitating this effort is greatly appreciated.

4. If you have any questions on the concept plan and the proposed realignment, please call me or my points of contact, COL Herb Coley or Mr. Maurice Yaglom, DASG-HCM, 756-0305.

ALCIDE M. LANOUE
Lieutenant General
The Surgeon General

Encl
as

CONCEPT PLAN FOR ESTABLISHMENT OF
THE
US ARMY MEDICAL COMMAND

1. Subject. Concept Plan - Establishment of the US Army Medical Command.

2. Threshold event/added resources. Concept plan proposes establishment of the US Army Medical Command (USAMEDCOM), FT Sam Houston, Texas, with The Surgeon General (TSG) dual hatted as Commander. The US Army Health Services Command (USAHSC), FT Sam Houston, Texas, and the US Army Health Professional Support Agency, Falls Church, Virginia, are inactivated. Proposal includes activation of the US Army Dental Command, FT Sam Houston, Texas, and the US Army Veterinary Command, FT Sam Houston, Texas as subordinate commands within USAMEDCOM. The Army Medical Department (AMEDD) Center and School, FT Sam Houston, Texas, and the US Army Environmental Hygiene Agency, Aberdeen Proving Ground, Maryland, would also be realigned as subordinate commands of USAMEDCOM. The concept plan also includes aligning the US Army Medical Research and Development Command (USAMRDC), FT Detrick, Maryland, the US Army Medical Materiel Agency (USAMMA), FT Detrick, Maryland, and the US Army Health Facility Planning Agency (USAHFPA), Falls Church, Virginia, within the USAMEDCOM. A separate proposal to merge USAMRDC, USAMMA, and USAHFPA to establish the US Army Medical Materiel Command will be forwarded at a future date for assessment. Similarly, the activation of six Health Service Support Areas (HSSA) will be proposed in a later submission. Implementation is not contingent on receiving additional resources from HQDA.

3. Background. TSG is informally recognized and held accountable as the overall manager of the AMEDD, but has limited command authority to effect change. Within CONUS, the USAHSC has command operational responsibility for health care delivery. As a result, the roles and responsibilities assigned to the Office of The Surgeon General (OTSG) and USAHSC often conflict, resulting in decentralized focus, reduced accountability, and lack of unity. On 4 October 1990, the Secretary of the Army (SECARMY) accepted in concept a TSG proposal to centralize accountability for health care delivery by establishing a medical command in the NCR, with TSG dual hatted as commander. In addition, the SECARMY approved the initiation of a formal realignment study under the provisions of AR 5-10 to assess this proposal and other alternatives. A concept plan reflecting the recommendations of the realignment study was forwarded to HQDA in December 1992. Although the majority of Secretariat and ARSTAF offices concurred with TSG assuming command, concern was expressed with the proposed retention of USAHSC and the perception of "layering." Based on these comments and other on-going issues regarding proposals to

reform the nation's health care system, Task Force Aesculapius, a special study group sanctioned by the VCSA, was established to reassess the original proposal to restructure the Army Medical Department (AMEDD). Based on the recommendations of this task force, the original concept plan has been revised. See enclosure 1 for additional background and a copy of the briefing presented to the Director of the Army Staff and the ARSTAF principals on 8 July 1993. Since Task Force Aesculapius continues to refine its recommendations, there have been minor changes to the study results since that briefing. Therefore, the audit trails in the briefing might differ from those in this concept plan. The concept plan is the authoritative source of the audit trails.

4. Purpose. The purpose of this concept plan is to obtain HQDA approval to realign AMEDD activities in order to establish the USAMEDCOM, headquartered in FT Sam Houston, Texas, with TSG dual hatted as Commander, effective on 1 October 1994. Approval is further requested to establish the command provisionally by 1 October 1993.

5. Objectives. The following actions are to be accomplished:

a. Falls Church, Virginia.

(1) The OTSG ARSTAF will be reorganized to reflect the recommendation of the HQDA Transformation Study to downsize from 124 manpower authorizations in FY 94, to 102 in FY 96/97.

(2) The US Army Health Professional Support Agency will be inactivated, with selected functions transferring either to the OTSG ARSTAF; Headquarters, USAMEDCOM; or the AMEDD Center and School, FT Sam Houston. Functions not identified for transfer will be eliminated.

(3) The US Army Health Facility Planning Agency, a field operating agency of OTSG, will be redesignated as a subordinate activity within USAMEDCOM, pending further assessment of the proposal to establish the US Army Medical Materiel Command.

b. Fort Sam Houston, Texas.

(1) USAHSC will be inactivated.

(2) The USAMEDCOM will be activated, with TSG dual hatted as Commander. Headquarters, USAMEDCOM will be responsible for Armywide medical readiness and health care delivery, and the development and integration of doctrine, training, and materiel acquisition for the Army health service system.

(3) The US Army Dental Command (USADENCOM) will be

activated as a subordinate command within USAMEDCOM. Headquarters, USADENCOM will be responsible for Armywide dental readiness and dental care delivery.

(4) The US Army Veterinary Command (USAVETCOM) will be activated as a subordinate command within USAMEDCOM. Headquarters, USAVETCOM will be responsible for the veterinary triservice mission on a worldwide basis.

(5) The AMEDD Center and School will be realigned as a subordinate command within USAMEDCOM, and will receive the Graduate Medical Education and Graduate Dental Education mission from the US Army Health Professional Support Agency, Falls Church, Virginia.

c. FT Detrick, Maryland.

The US Army Medical Research and Development Command and the US Army Medical Materiel Agency will be reconfigured into the US Army Medical Materiel Command (USAMMC). These activities, currently OTSG ARSTAF field operating agencies, will be consolidated along with the US Army Health Facility Planning Agency, and redesignated as a major subordinate command of the USAMEDCOM. The USAMMC, with headquarters in FT Detrick, will have responsibility for the management of AMEDD research, development, acquisition, contracting, and logistics. A separate assessment will be submitted at a later date on how best to establish this command. Results of this assessment will be forwarded under separate cover.

d. Specific tangible improvements. Tangible improvements include the establishment of a single management framework, with TSG in command, which is responsible and accountable for the Army medical mission. This single organization, with its streamlined command structure and clear lines of authority, will be capable of effecting changes required for the transition of Army health care into a more business-like mode of operation. This will enable the AMEDD to assume its appropriate role in health care delivery to our beneficiaries as the nation continues to develop its framework for health care reform. It is also in line with recent DOD initiatives to centralize authority and responsibility for the military medical mission within the Assistant Secretary of Defense for Health Affairs (ASD (HA)), with decentralized implementation by the military departments. In addition, significant medical migration to FT Sam Houston will reduce AMEDD force structure requirements in the NCR.

e. Specific intangible improvements include enhanced medical planning, programming and budgeting within the AMEDD by placing responsibility for these functions under one commander; improved planning, coordination and integration on issues impacting on wartime readiness and peacetime health care; and

clarification of responsibility and accountability for missions and functions within USAMEDCOM.

f. Improvements will be verified by monitoring the management of a single, unified health management entity responsible and accountable for Armywide health care delivery, organization and doctrine, medical research, development, and acquisition, logistics management, preventive medicine and occupational health.

6. Major capabilities to be increased and/or decreased. The organizational realignment will result with internal mission transfers, resulting with an AMEDD which is more accessible, deployable and accountable in an era of Army restructuring and right sizing.

7. Major advantages and disadvantages.

a. Advantages.

(1) Organizes the AMEDD as the rest of the Army, with TSG in command of a single management framework responsible and accountable for the Army medical mission.

(2) Facilitates the transition of Army health care into a more business-like environment while managing programmed decrements and generating additional savings.

(3) Enhances planning, coordination, and integration of the Army-wide medical mission.

(4) Provides an effective response to ASD (HA) and national health care reform initiatives.

(5) Allows for migration from the NCR.

(6) Requires no additional resources from HQDA.

b. Disadvantages. Generates considerable, but manageable organizational turmoil during transition.

8. Summary changes and resources.

a. Pending resource requests. Not applicable.

b. Proponent resource changes (see enclosure 2).

c. Manpower (see enclosure 3).

d. AMHA functions and manpower (see enclosure 4).

e. Equipment (controlled items). There is no change in equipment requirements.

f. Funding requirements. None.

g. Facilities requirements. None.

9. Name of authority and method used to validate existing and added requirements. Chief, Health Care Manpower Programs and Analysis Division, Office of The Surgeon General. Manpower requirements were based on a functional assessment, and took into account programmed manpower decrements and the Five Year Medical Capability Plan.

10. Organizational, standardization and stabilization impact. This proposed realignment does not depart from any known organizational or standardization policy. Destabilization will be minimized through scheduled PCS reassignment for military personnel, and job placement for civilian employees, as required.

11. Readiness impact (MTOEs only). Medical readiness will be enhanced through enhanced TOE-TDA-Reserve Components integration.

12. UICs and names of parent units assessed in Concept Plan.

CSWOOLAA	Office of The Surgeon General
MDW47NAA	US Army Health Professional Support Agency
HSW3VYAA	HQS, US Army Health Services Command

13. Identification of thresholds, if any, in AR 10-5 that will be breached. On 4 October 1990, the SECARMY accepted a TSG proposal in concept to realign AMEDD command and control and approved the initiation of a formal realignment study under the provisions of AR 5-10. See enclosure 1 for additional background discussion.

14. Known or possible political sensitivities that should be made known to the Army staff. Establishment of a new medical command with worldwide responsibilities, inactivation of USAHSC and USAHPSA, and transfer of functions from the NCR to FT Sam Houston are issues known to have political sensitivity.

15. Identification of affected MDEPs, if any.

XMGH, XMGI, FASG, HSMT, HSPV, VPUB

16. Request Command of Assignment Code HS be assigned to the USAMEDCOM and that all UICs under Command of Assignment Code MD be transferred to HS, to depict realignment within USAMEDCOM.

17. Name, office symbol, and DSN number of the point of contact. COL Herbert A. Coley or Mr. Maurice Yaglom, Office of The Surgeon General (DASG-HCM), DSN 289-0305 or commercial (703) 756-0305.

18. List of supporting enclosures.

a. Enclosure 1 - Background Information.

b. Enclosure 2 - Proponent Resource Changes.

c. Enclosure 3 - Manpower by Identity, Category, and AMS code.

d. Enclosure 4 - AMHA Audit Trail.

e. Enclosure 5 - Hard-copy Authorization Document

Background Discussion

On 29 January 1990, the Army announced its Quicksilver downsizing initiatives, which among other items included eliminating Headquarters USAHSC and transferring the peacetime patient care mission without resources to FORSCOM. Concerned with how this proposal would impact on an integrated, cost effective, and quality health care system, The Surgeon General (TSG) obtained DCSOPS concurrence and VCSA approval to submit an AMEDD counterproposal to the Quicksilver action and to apply the AMEDD share of the decrement to other AMEDD activities in order not to hinder patient care delivery.

TSG then directed his staff to review recommendations developed in the 1987 AMEDD Command and Control Study, which had been directed by the CSA to determine the most efficient and effective command and control structure for the AMEDD organizations and activities in CONUS. The major finding of this study was that TSG was recognized and held accountable as the overall manager of the AMEDD, but had limited command authority to effect change. The study recommended that TSG be designated as commander of a new MEDCOM collocated with the OTSG in the NCR, and that USAHSC be disestablished. The OTSG staff review determined the findings and recommendations of the 1987 study were still valid.

The TSG counterproposal to the Quicksilver recommendation emphasized centralizing accountability for health care delivery and reorganizing to provide the most efficient organization. On 27 August 1990, the VCSA approved this proposal, which then superseded the Quicksilver announcement as the preferred alternative.

On 4 October 1990, the Secretary of the Army (SECARMY) accepted TSG's proposal in concept and approved the initiation of a formal realignment study under the provisions of AR 5-10. At the time, the SECARMY expressed concern with establishing a medical command in the NCR, but indicated this would be a "yellow flag" due to the relatively low threshold of numbers migrating into the NCR. On 7 November 1990, the ASA(IL&E) directed that a realignment study under the provisions of AR 5-10 be conducted to assess three alternatives:

(1) Status quo.

(2) Elimination of Headquarters USAHSC in San Antonio, Texas, with transfer of responsibility of management of CONUS health care delivery to FORSCOM.

(3) Elimination of Headquarters USAHSC, with TSG designated as Commander of a new medical command collocated in the NCR.

Based on an assessment by the Logistics Management Institute (LMI), the draft realignment study recommended collocation of a medical command with TSG in the NCR. Per the proposed realignment study, a net total of 308 military and civilian personnel would transfer into the NCR.

ENCL 1

However, sensitivity to migration into the NCR had greatly magnified since approval was originally provided to conduct the realignment study. It was determined this change in the political environment required exploration of a fourth alternative which would allow for assumption of command by TSG in the NCR without migration of spaces into the NCR. It would require reconfiguring the USAHPSA, a non-AMHA activity, into the Headquarters, USAMEDCOM, with AMHA spaces being identified from within the AMEDD as a trade off. It would also require leaving a health care delivery subordinate command in San Antonio. This review would include the identification of some functions and manpower spaces which could transfer from the NCR to San Antonio.

The ASA(IL&E) provided approval to study this alternative on 7 April 1992. This assessment was completed, with the recommendation that centralizing accountability by establishing the USAMEDCOM in the NCR, with TSG as Commander, is the most viable alternative. On 30 October 1992, TSG forwarded a memorandum through the Director of Management and the Director of the Army Staff, to the ASA(IL&E), stating his intent to conclude the AMEDD Realignment Study and submit a concept plan to the DCSOPS to obtain formal Army approval to realign AMEDD activities.

The concept plan for establishment of the USAMEDCOM was forwarded on 8 December 1992 for review by key Secretariat and ARSTAF offices. Although the majority of the staff concurred with TSG assuming command, concern was expressed with the proposed retention of USAHSC and the perception of "layering." Based on these comments and other on-going issues regarding proposals to reform the nation's health care system, TSG obtained approval from the VCSA to establish a special study group, Task Force Aesculapius, to reassess the original proposal depicted in the concept plan.

On 3 May 1993, TSG informed the DCSOPS by memorandum that a different alternative was being assessed by Task Force Aesculapius, which included inactivating USAHSC and activating the USAMEDCOM in FT Sam Houston, Texas. Subsequent presentation of the revised proposal to the Administrative Assistant to the Secretary of the Army, the Acting Assistant Secretary of the Army (Manpower and Reserve Affairs), and the Acting Secretary of the Army resulted with positive feedback.

On 8 July 1993, the Director of the Army Staff (DAS), along with ARSTAF principals, were formally apprised of AMEDD reorganization efforts. The DAS directed the concept plan be submitted to the ARSTAF for formal staffing and presented to the Secretary of the Army for decision by the end of July 1993.

PROPONENT RESOURCE CHANGES (REQUIREMENTS AND AUTHORIZATIONS)

Office of The Surgeon General
Headquarters, U.S. Army Health Professional Support Agency

	REQUIREMENTS					AUTHORIZATIONS				
	OFF	WO	ENL	CIV	TOTAL	OFF	WO	ENL	CIV	TOTAL
OTSG (CSWOOLAA)										
0195 TDA	62	0	1	59	122	61	0	1	59	121
CHANGES	-19	0	-1	-27	-47	-18	0	-1	-27	-46
UIC TOTAL	56	0	0	46	102	56	0	0	46	102
USAHPSA (MDW4N7AA)*										
0294 TDA	75	0	1	98	174	41	0	0	66	107
CHANGES	-75	0	-1	-98	-174	-41	0	0	-66	-107
UIC TOTAL	0	0	0	0	0	0	0	0	0	0

*WILL BE INACTIVATED

ENCL 2

U.S. ARMY MEDICAL COMMAND
PROPONENT RESOURCE CHANGES (REQUIREMENTS AND AUTHORIZATIONS)

15 Jul 93

	REQUIREMENTS					AUTHORIZATIONS				
	OFF	WO	ENL	CIV	TOTAL	OFF	WO	ENL	CIV	TOTAL
HCSSA (HS-W398AA)										
Proposed 0195 TDA	64	1	48	347	460	30	1	40	257	328
Changes	-1			-16	-17	-1			-16	-17
UIC Total	63	1	48	331	443	29	1	40	241	311
HQ HSC (HS-W3VYAA)										
Proposed 0195 TDA	126	3	50	267	446	110	3	38	223	374
Changes	-126	-3	-50	-267	-446	-110	-3	-38	-223	-374
UIC Total	0	0	0	0	0	0	0	0	0	0
AMEDD Ctr & Sch (HS-W3VZAA)										
Proposed 0195 TDA	553	15	1329	1268	3165	433	12	1063	948	2456
Changes	-89		-5	-312	-406	-73		-4	-315	-392
UIC Total	464	15	1324	956	2759	360	12	1059	633	2064
MEDICAL COMMAND (XX-XXXXAA)										
0195 TDA					0					0
Changes	109	1	27	274	411	108	1	27	271	407
UIC Total	109	1	27	274	411	108	1	27	271	407
DEN COM (XX-XXXXAA)										
0195 TDA					0					0
Changes	5		2	5	12	5		2	5	12
UIC Total	5	0	2	5	12	5	0	2	5	12
VET COM (XX-XXXXAA)										
0195 TDA					0					0
Changes	8	2	5	9	24	8	2	5	9	24
UIC Total	8	2	5	9	24	8	2	5	9	24

MANPOWER ALLOCATIONS BY CATEGORY, IDENTITY, AMSCO & MDEP FOR OFFICE OF THE SURGEON GENERAL, U.S. ARMY HEALTH PROFESSIONAL SUPPORT AGENCY

	ALLOCATIONS FROM 0195 TDA						CHANGES (PLUS AND MINUS)						TOTALS ON PROPOSED CONCEPT PLAN					
AMSCO/MDEP	OFF	WO	ENL	GM	GS	TOTAL	OFF	WO	ENL	GM	GS	TOTAL	OFF	WO	ENL	GM	GS	TOTAL
952398/XMGH	61	0	1	10	49	121	-18	0	-1	-4	-23	-46	54	0	0	12	31	97
952398/XMGH	0	0	0	0	0	0	+11	0	0	+3	+9	+23	0	0	0	0	0	0
952398/XMGI	0	0	0	0	0	0	+2	0	0	+1	+1	+4	2	0	0	2	1	5
	61	0	1	10	49	121							56	0	0	14	32	102
518991/FASG	0	0	0	0	3	3	0	0	0	0	-3	-3	0	0	0	0	0	0
847714/FASG	41	0	0	11	52	104	-41	0	0	-11	-55	-107	0	0	0	0	0	0
	41	0	0	11	55	107							0	0	0	0	0	0

ENCL 3

MANPOWER ALLOCATIONS BY CATEGORY, IDENTITY, AMSC, AND MDEP FOR THE NEW MEDICAL COMMAND

15 Jul 93 Revision		ALLOCATIONS PROGRAMMED FOR 0195 TDA							CHANGES (PLUS AND MINUS)							TOTALS ON PROPOSED CONCEPT PLAN						
						CIV							CIV							CIV		
	AMS Code/MDEP	OFF	WO	ENL	GM	GS	WB	TOTAL	OFF	WO	ENL	GM	GS	WB	TOTAL	OFF	WO	ENL	GM	GS	WB	TOTAL
HCSSA (HS-W398AA)	847714 HSHF	1				2		3							0	1				2		3
	847714 HSPV		1			25		26							0		1			25		26
	847714 MPTY	3		19		31		53							0	3		19		31		53
	847714 MSAZ	26		21	16	181		244	-1				-16		-17	25		21	16	165		227
	847790 MU1M					2		2							0					2		2
	TDA TOTAL	30	1	40	16	241		328	-1				-16		-17	29	1	40	16	225		311
HQ HSC (HS-W3VYAA)	847798 VPUB				1	1		2				-1	-1		-2							0
	847798 XMGH	107	3	36	22	192		360	-107	-3	-36	-22	-192		-360							0
	847798 XMGI	3		2		9		14	-3		-2		-9		-14							0
	TDA TOTAL	110	3	38	23	202		376	-110	-3	-38	-23	-202		-376	0	0	0	0	0		0
AMEDD Ctr & Sch	121018 VTRD	45	1	4	1	38		89								45	1	4	1	38		89
(HS-W3VZAA)	442002 JDFM					2		2												2		2
	518991 ARFT	3				64		67	-3				-57		-60					7		7
	814771 DMTB					1		1												1		1
	846761 HSMT	325	11	1042	1	524	11	1914	-12				-40		-52	313	11	1042	1	484	11	1862
	847714 HSAT					1		1												1		1
	847714 HSHE					1		1												1		1
	847714 HSPV	58		5	11	209		283	-58		-4	-11	-203		-276			1		6		7
	847714 MSAZ	2		4		48		54					-4		-4	2		4		44		50
	847790 MU1M			8	1	22	9	40										8	1	22	9	40
	878789 VCND					4		4												4		4
	TDA TOTAL	433	12	1063	14	914	20	2456	-73		-4	-11	-304		-392	360	12	1059	3	610	20	2064
MED CMD (XX-XXXXAA)	847798 VPUB							0					2		2					2		2
	847798 XMGH							0	105	1	27	33	227		393	105	1	27	33	227		393
	847798 XMGI							0	3			1	8		12	3			1	8		12
	TDA TOTAL	0	0	0	0	0		0	108	1	27	34	237		407	108	1	27	34	237		407
DEN COM (XX-XXXXAA)	847715 HSDC							0	5		2		5		12	5		2		5		12
VET COM (XX-XXXXAA)	847714 HSPV							0	8	2	5		9		24	8	2	5		9		24

MANPOWER ALLOCATIONS BY CATEGORY, IDENTITY, AMSC, AND MDEP FOR THE NEW MEDICAL COMMAND

15 Jul 93 Revision		ALLOCATIONS PROGRAMMED FOR 0195 TDA							CHANGES (PLUS AND MINUS)							TOTALS ON PROPOSED CONCEPT PLAN						
						CIV							CIV							CIV		
	AMS Code/MDEP	OFF	WO	ENL	GM	GS	WB	TOTAL	OFF	WO	ENL	GM	GS	WB	TOTAL	OFF	WO	ENL	GM	GS	WB	TOTAL
RECAP	121018 VTRD	45	1	4	1	38		89								45	1	4	1	38		89
	442002 JDFM					2		2												2		2
	518991 ARFT	3				64		67	-3				-57		-60					7		7
	814771 DMTB					1		1												1		1
	846761 HSMT	325	11	1042	1	524	11	1914	-12				-40		-52	313	11	1042	1	484	11	1862
	847714 HSAT					1		1												1		1
	847714 HSHE					1		1												1		1
	847714 HSHF	1				2		3								1				2		3
	847714 HSPV	58	1	5	11	234		309	-50	2	1	-11	-194		-252	8	3	6		40		57
	847714 MPTY	3		19		31		53								3		19		31		53
	847714 MSAZ	28		25	16	229		298	-1				-20		-21	27		25	16	209		277
	847715 HSDC							0	5		2		5		12	5		2		5		12
	847790 MU1M			8	1	24	9	42										8	1	24	9	42
	847798 VPUB				1	1		2				-1	1							2		2
	847798 XMGH	107	3	36	22	192		360	-2	-2	-9	11	35		33	105	1	27	33	227		393
	847798 XMGI	3		2		9		14			-2	1	-1		-2	3			1	8		12
	878789 VCMD					4		4												4		4
TOTAL		573	16	1141	53	1357	20	3160	-63		-8	0	-271		-342	510	16	1133	53	1086	20	2818

NOTE: HCSSA is included because the HQ HSC DCSRM Finance and Accounting Division is now documented on the HCSSA TDA but will become part of the new MEDCOM TDA.

AMHA AUDIT TRAIL FORMAT

LOSING ORGANIZATION				GAINING ORGANIZATION				MILITARY AUTH				CIVILIAN AUTH		AGGREGAT AUT
MDEP	RCOMD	UIC	AMSCO	MDEP	RCOMD	UIC	AMSCO	OFF	WO	ENL	TMIL	C-AUTH	C-TYPE	
XMGH	06	WO3JAA	665898	XMGH	XX	XXXXXX	847798	108	1	27	136	271	101	4

UICs:
WO3JAA - HQs US ARMY MEDICAL RESEARCH DEVELOPMENT COMMAND
XXXXXX - HQs US ARMY MEDICAL COMMAND

NOTE: Coordination will be effected with the Assistant Secretary of the Army (Manpower and Reserve Affairs) and the Office of the Administrative Assistant to the Secretary of the Army to re-designate WO3JAA as non-AMHA. The only AMHA activity within the USAMEDCOM will be the Headquarters. If approved total number of spaces currently designated as AMHA will be reduced from 505 to 402.

ENCL 4

HARD COPY AUTHORIZATION DOCUMENTS

ENCL 5

TDA CSWOOLAA
CCNUM CS0196
EDATE

DEPARTMENT OF THE ARMY
OFFICE OF THE SURGEON GENERAL

SECTION I

1. CHANGES TO : TDANUM CSWOOLAA, CCNUM CS0195

2. LOCATION: FALLS CHURCH, VA 22041-3258

3. ASSIGNMENT: HQDA

4. MISSION: THE OFFICE OF THE SURGEON GENERAL IS RESPONSIBLE FOR ADVISING AND ASSISTING THE SECRETARY OF THE ARMY, AND THE CHIEF OF STAFF, ARMY, AND OTHER PRINCIPALS ON ALL MATTERS PERTAINING TO THE MILITARY HEALTH SERVICE SYSTEM. REPRESENTS THE ARMY TO THE EXECUTIVE BRANCH, CONGRESS, DOD AGENCIES AND OTHER ORGANIZATIONS ON ALL HEALTH POLICIES AFFECTING THE ARMY MEDICAL DEPARTMENT.

5. CAPABILITIES: WORKLOADS. AVERAGE POPULATION:

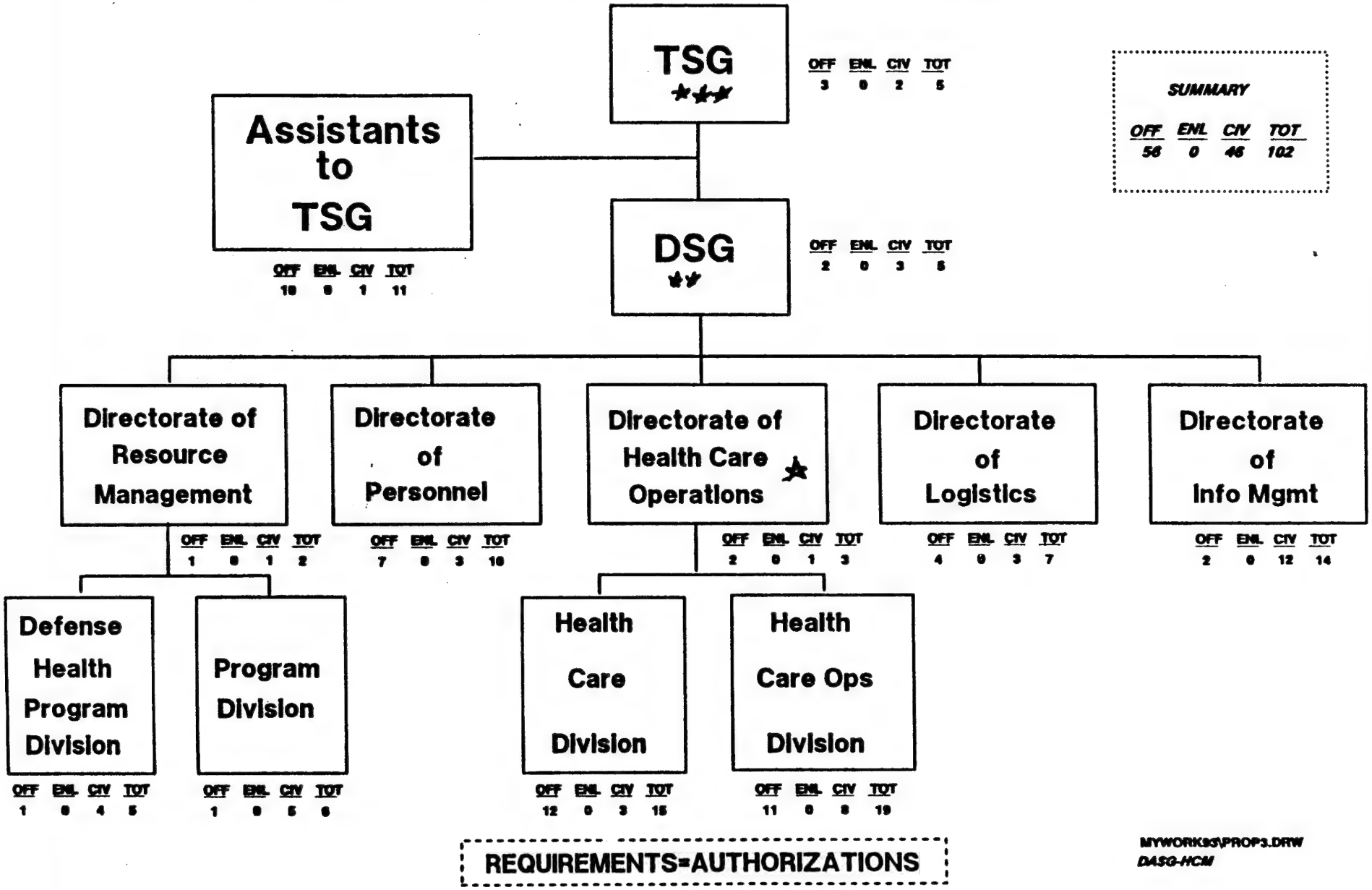
MILITARY: 56

DA CIVILIAN: 46

TOTAL 102

6. AUTHORIZATION STATEMENT: THIS TABLE IS IN ACCORDANCE WITH ARs 5-10 AND 10-32.

DEPARTMENT OF THE ARMY
OFFICE OF THE SURGEON GENERAL (PROPOSED)



(Filename: ALT4TDA.WK1) PROPOSED OTSG ARSTAF TDA - 9 JULY 1993

PARA	LINE	DESCRIPTION	MDEP	GR	MOS	BR	ID	AMS	STRENGTH REQ	STRENGTH AUTH	REMARKS
001	00	OFC OF TSG									
001	01	TSG	XMGH	LG	00B00	GO	K	952398YOBBC	1	1	TS
001	02	EXEC OFF	XMGH	06	70A67	MS	K	952398YOBBC	1	1	TS
001	03	ASST EXEC OFF	XMGH	05	70A67	MS	K	952398YOBBC	1	1	TA
001	04	SECY (STENO)	XMGH	10	00318	GS	C	952398YOBBC	1	1	TX
001	05	SACO	XMGH	09	00301	GS	C	952398YOBBC	1	1	TX
		PARAGRAPH TOTAL							5	5	
002	00	OFC OF ASSTS TO TSG									
002	01	MC ASST TO TSG	XMGH	06	60A00	MC	K	952398YOBBC	1	1	TA
002	02	DC ASST TO TSG	XMGH	06	63R00	DE	K	952398YOBBC	1	1	TA
002	03	VC ASST TO TSG	XMGH	06	64A00	VC	K	952398YOBBC	1	1	TA
002	04	SP ASST TO TSG	XMGH	06	65A00	SP	K	952398YOBBC	1	1	TA
002	05	AN ASST TO TSG	XMGH	06	66A00	AN	K	952398YOBBC	1	1	TA
002	06	MS ASST TO TSG	XMGH	06	70A67	MS	K	952398YOBBC	1	1	TA
002	07	DC STAFF OFF	XMGH	05	63R00	DE	K	952398YOBBC	1	1	TA
002	08	VET STAFF OFF	XMGH	05	75A64	VC	K	952398YOBBC	2	2	TA
002	09	AN STAFF OFF	XMGH	05	66A00	AN	K	952398YOBBC	1	1	TA
002	10	SECY (STENO)	XMGH	08	00318	GS	C	952398YOBBC	1	1	TX
		PARAGRAPH TOTAL							11	11	
003	00	OFC OF DSG									
003	01	DSG	XMGH	MG	00B00	GO	K	952398YOBBC	1	1	TS
003	02	STRATEGIC MARK	XMGH	15	01035	GM	C	952398YOBBC	1	1	TA
003	03	CONG LIAISON	XMGH	05	70C67	MS	K	952398YOBBC	1	1	TA
003	04	SECY (STENO)	XMGH	09	00318	GS	C	952398YOBBC	1	1	TX
003	05	SECY (STENO)	XMGH	07	00318	GS	C	952398YOBBC	1	1	TX
		PARAGRAPH TOTAL							5	5	

PARA	LINE	DESCRIPTION	MDEP	GR	MOS	BR	ID	AMS	STRENGTH REQ	STRENGTH AUTH	REMARKS
004	00	DIR HCOPS									
004	01	DIRECTOR	XMGH	BG	00B00	GO	K	952398YOXZZ	1	1	TS
004	02	OPNS STF OFF	XMGH	06	70H67	MS	K	952398YOXZZ	1	1	TA
004	03	SECY (STENO)	XMGH	08	00318	GS	C	952398YOXZZ	1	1	TX
		PARAGRAPH TOTAL							3	3	
004A	00	HEALTHCARE DIV									
004A	01	CHIEF	XMGH	06	60A00	MC	K	952398YOBBC	1	1	TS
004A	02	QA STF OFF	XMGH	06	60A00	MC	K	952398YOBBC	1	1	TA
004A	03	EFMP STF OFF	XMGH	06	60A00	MC	K	952398YOBBC	1	1	TA
004A	04	PREV MED STF OFF	XMGH	06	60C00	MC	K	952398YOBBC	1	1	TA
004A	05	MEN HLTH STF OFF	XMGH	06	60W00	MC	K	952398YOBBC	1	1	TA
004A	06	PRIM CARE STF OFF	XMGH	06	61H00	MC	K	952398YOBBC	1	1	TA
004A	07	TERT CARE STF OFF	XMGH	06	61J00	MC	K	952398YOBBC	1	1	TA
004A	08	FIT/WELL STF OFF	XMGH	06	65A00	SP	K	952398YOBBC	1	1	TA
004A	09	NUT CARE STF OFF	XMGH	06	65C00	SP	K	952398YOBBC	1	1	TA
004A	10	PAD STF OFF	XMGH	06	70E67	MS	K	952398YOBBC	1	1	TA
004A	11	ALL SCI STF OFF	XMGH	06	71E67	MS	K	952398YOBBC	1	1	TA
004A	12	ENV HLTH STF OFF	XMGH	06	72D67	MS	K	952398YOBBC	1	1	TA
004A	13	MED STDS STF OFF	XMGH	14	00601	GM	C	952398YOBBC	1	1	TA
004A	14	SECY (STENO)	XMGH	07	00318	GS	C	952398YOBBC	1	1	TX
004A	15	SECY (OA)	XMGH	06	00318	GS	C	952398YOBBC	1	1	TX
		PARAGRAPH TOTAL							15	15	
004B	00	HLTH CARE OPNS DIV									
004B	01	CHIEF	XMGH	06	70H67	MS	K	952398YOXZZ	1	1	TS
004B	02	SECY (OA)	XMGH	07	00318	GS	C	952398YOXZZ	1	1	TX
		SUBTOTAL							2	2	

PARA	LINE	DESCRIPTION	MDEP	GR	MOS	BR	ID	AMS	STRENGTH REQ	STRENGTH AUTH	REMARKS	AUDIT TRAIL
		PLANS & OPNS BR										
004B	03	CHIEF	XMGH	06	70H67	MS	K	952398YOXZZ	1	1	TS	A
004B	04	USAR OPNS STF OFF	XMGH	05	70H67	MS	K	4H101100BAE	1	1	TA92	A
004B	05	READ OFF	XMGH	05	70H67	MS	K	952398YOXZZ	1	1	TA	A
004B	06	CHEM BIO STF OFF	XMGH	05	72A67	MS	K	952398YOXZZ	1	1	TA	A
004B	07	OI (ODCSOPS)	XMGH	05	70H67	MS	K	952398YOXZZ	1	1	TA	A
004B	08	PLANS OFF	XMGH	04	70H67	MS	K	952398YOXZZ	2	2	TA	A
004B	09	OPNS STF OFF	XMGH	04	70H67	MS	K	952398YOXZZ	2	2	TA	A
004B	10	ARNG OPNS STF OFF	XMGH	04	70H67	MS	K	2H101100BAE	1	1	TA89	A
004B	11	SECURITY ASST	XMGH	12	00345	GS	C	952398YOXZZ	1	1	TA	A
004B	12	MGT ANAL	XMGH	12	00343	GS	C	952398YOXZZ	1	1	TA	A
004B	13	SYS INTEGRATOR	XMGH	12	00345	GS	C	952398YOXZZ	1	1	TA	A
004B	14	SECY (OA)	XMGH	06	00318	GS	C	952398YOXZZ	1	1	TX	A
		SUBTOTAL							12	12		
		MANPOWER PROG & ANAL BR										
004B	15	CHIEF	XMGH	14	00343	GM	C	952398YOXMD	1	1	TS	A
004B	16	MPR CONTROL OFF	XMGH	05	70H67	MS	K	952398YOXMD	1	1	TA	A
004B	17	MPR CONTROL OFF	XMGH	05	70C67	MS	K	952398YOXMD	1	1	TA	A
004B	18	MGT ANAL	XMGH	11	00343	GS	C	952398YOXMD	1	1	TA	A
004B	19	SECY (OA)	XMGH	06	00318	GS	C	952398YOXMD	1	1	TX	A
		SUBTOTAL							5	5		
		PARAGRAPH TOTAL							19	19		
005	00	DIR LOGISTICS										
005	01	DIRECTOR	XMGH	06	70K67	MS	K	952398YONNZ	1	1	TS	A
005	02	LOG STF OFF	XMGH	05	70K67	MS	K	952398YONNZ	3	3	TA	A
005	03	LOG MGT SPEC	XMGH	14	00346	GM	C	952398YONNZ	1	1	TA	A
005	04	LOG MGT SPEC	XMGH	13	00346	GM	C	952398YONNZ	1	1	TA	A
005	05	SECY	XMGH	08	00318	GS	C	952398YONNZ	1	1	TX	A
		PARAGRAPH TOTAL							7	7		

PARA	LINE	DESCRIPTION	MDEP	GR	MOS	BR	ID	AMS	STRENGTH REQ	STRENGTH AUTH	REMARKS
006	00	DIR RESOURCE MGT									
006	01	DIRECTOR	XMGH	06	70C67	MS	K	952398YOBBC	1	1	TS
006	02	SECY	XMGH	08	00318	GS	C	952398YOBBC	1	1	TX
		PARAGRAPH TOTAL							2	2	
006A	00	PROG DIV									
006A	01	CHIEF	XMGH	15	00345	GM	C	952398YOFGA	1	1	TS
006A	02	PROG ANAL	XMGH	05	70C67	MS	K	952398YOFGA	1	1	TA
006A	03	PROG ANAL	XMGH	14	00345	GM	C	952398YOFGA	2	2	TA
006A	04	OPNS RSCH ANAL	XMGH	12	01515	GS	C	952398YOFGA	1	1	TA
006A	05	SECY (OA)	XMGH	07	00318	GS	C	952398YOFGA	1	1	TX
		PARAGRAPH TOTAL							6	6	
006B	00	DEF HLTH PROG BUDGET									
006B	01	CHIEF	XMGH	05	70C67	MS	K	952398YOFGA	1	1	TS
006B	02	SR BUD ANAL	XMGH	14	00560	GM	C	952398YOFGA	1	1	TA
006B	03	BUD ANAL	XMGH	13	00560	GS	C	952398YOFGA	1	1	TA
006B	04	BUD ANAL	XMGH	12	00560	GS	C	952398YOFGA	2	2	TA
		PARAGRAPH TOTAL							5	5	
007	00	DIR PERS POL									
007	01	DIRECTOR	XMGH	06	70F67	MS	K	952398YORKA	1	1	TS
007	02	PERSO (ODCSPER)	XMGH	05	70F67	MS	K	952398YORKA	1	1	TA
007	03	PERS POL OFF	XMGH	05	70F67	MS	K	952398YORKA	5	5	TA
007	04	USAR PER STF OFF	XMGH	05	70F67	MS	K	4H101100RKA	1	1	TA 92
007	05	CIV PERS MGT SP	XMGH	13	00201	GM	C	952398YORKA	1	1	TA
007	06	MIL PERS MGT	XMGH	13	00205	GM	C	952398YORKA	1	1	TA
007	07	SECY	XMGH	08	00318	GS	C	952398YORKA	1	1	TX
		PARAGRAPH TOTAL							10	10	

PARA	LINE	DESCRIPTION	MDEP	GR	MOS	BR	ID	AMS	STRENGTH REQ	STRENGTH AUTH	REMARKS
008	00	DIR INFO MGMT									
008	01	DIRECTOR	XMGI	06	70D67	MS	K	952398YOXZZ	1	1	TS
008	02	INFO MGMT OFF	XMGI	05	70D67	MS	K	952398YOXZZ	1	1	TA
008	03	COMP SPEC	XMGI	13	00334	GM	C	952398YOXZZ	2	2	TX
008	04	SECY (OA)	XMGI	06	00318	GS	C	952398YOXZZ	1	1	TX
		SUBTOTAL							5	5	
		ADMIN SERVICES									
008	05	SPT SVCS SPV	XMGH	13	00342	GM	C	952398YOAAC	1	1	TS
008	06	EDIT/PRINT MEDIA	XMGH	11	01082	GS	C	952398YOAAC	1	1	TA
008	07	GEN SUP SPEC	XMGH	11	02001	GS	C	952398YOAAC	1	1	TA
008	08	MGT ANAL (RCDS)	XMGH	11	00343	GS	C	952398YOAAC	1	1	TA
008	09	SECY (OA)	XMGH	08	00318	GS	C	952398YOAAC	1	1	TX
008	10	MIL PER TECH	XMGH	07	00204	GS	C	952398YOAAC	1	1	TX
008	11	CIV PER TECH	XMGH	07	00204	GS	C	952398YOAAC	1	1	TX
008	12	MAIL CLK	XMGH	04	00305	GS	C	952398YOAAC	2	2	TX
		SUBTOTAL							9	9	
		PARAGRAPH TOTAL							14	14	
		TDA TOTAL							102	102	

TDA HSXXXXXX
CCNUM HS0295
EDATE

HEADQUARTERS
US ARMY MEDICAL COMMAND

SECTION I

1. CHANGES TO :

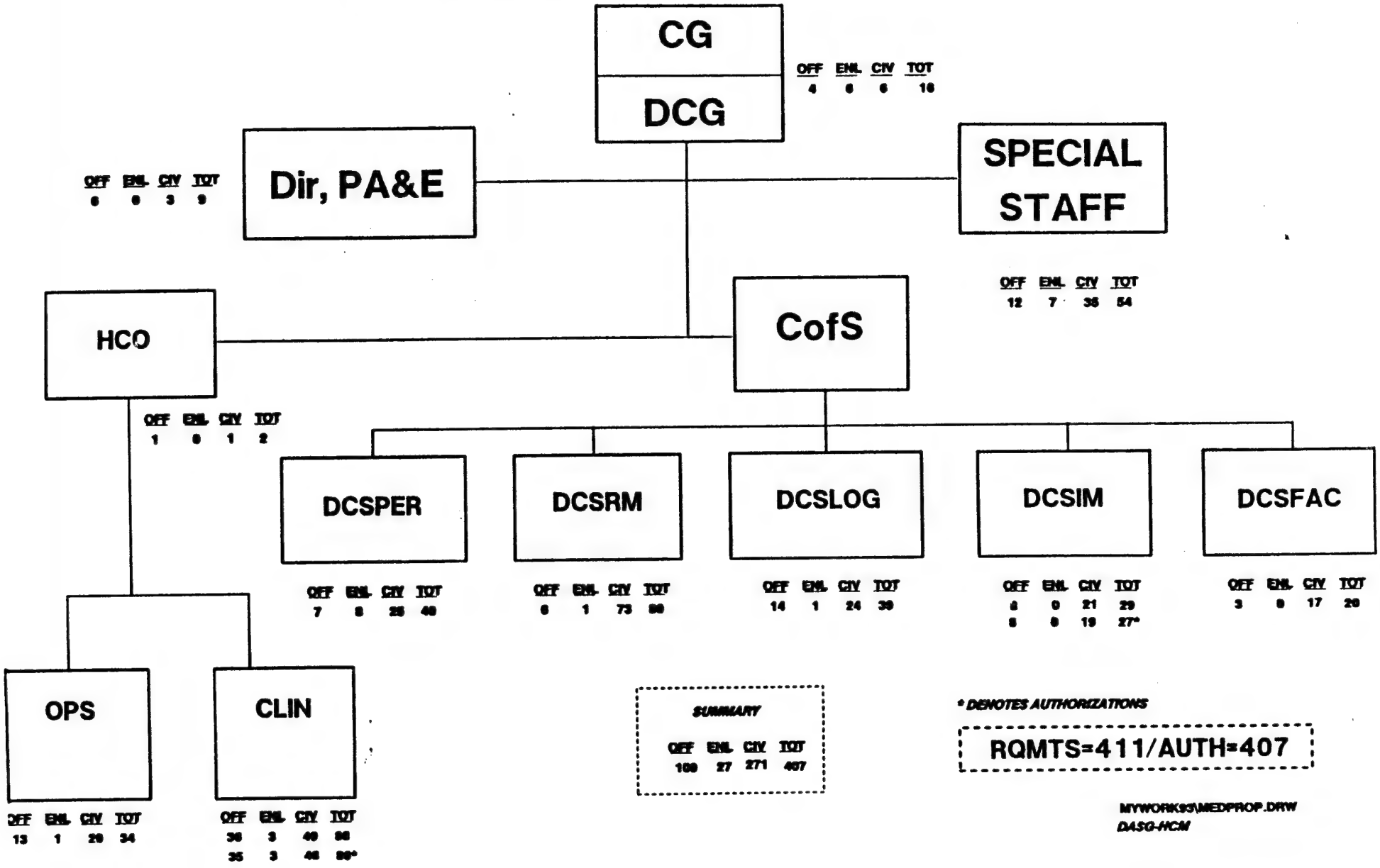
A. ACTIVATION: ACTIVATE US ARMY MEDICAL COMMAND, FORT SAM HOUSTON, TEXAS

B. MODIFICATION:

C. RESCISSIONS: INACTIVATE HEADQUARTERS, US ARMY HEALTH SERVICES COMMAND.

D. SUPERSESSIONS:

PROPOSED ORGANIZATION
HQ, U.S. ARMY MEDICAL COMMAND



2. LOCATION: FORT SAM HOUSTON, TEXAS 78234

3. ASSIGNMENT: US ARMY MEDICAL COMMAND

4. DATE OF LAST SURVEY

A. MANPOWER: NA

B. EQUIPMENT: NA

5. MISSION: THE HEADQUARTERS, US ARMY MEDICAL COMMAND, A MAJOR ARMY COMMAND OF THE DEPARTMENT OF THE ARMY, HAS RESPONSIBILITY FOR:

A. COMMAND AND CONTROL OF WORLDWIDE ARMY HEALTH SERVICE SYSTEM.

B. PROVISION OF DIRECTION AND LONG RANGE PLANNING FOR THE ARMY MEDICAL DEPARTMENT.

C. DEVELOPMENT AND INTEGRATION OF DOCTRINE, TRAINING, LEADER DEVELOPMENT, ORGANIZATION, AND MATERIEL FOR THE ARMY HEALTH SERVICE SYSTEM.

D. PROGRAMMING, BUDGETING AND ALLOCATION OF RESOURCES FOR THE OPERATION OF USAMEDCOM ORGANIZATIONS AND ACTIVITIES.

LAST PAGE OF SECTION 1

U.S. ARMY MEDICAL COMMAND

PARA	LN	POSITION OR DUTY TITLE	GR	POSCO	BR	ID	AMSCO	SMC	MDEP	REQ	AUTH	
001	00	OFC OF THE CG										
001	01	CG	LG	00B00	GO	K	84779810	BAA	XMGH	0	0	PERFORMED BY TSG
001	02	DCG	MG	00B00	GO	K	84779810	BAA	XMGH	1	1	
001	03	DCG FOR TNG	MG	00B00	GO	K	84779810	BAA	XMGH	0	0	PRIMARY DUTY AS CDR AMEDDC&S
001	04	C/S D/CDR ADM	BG	00B00	GO	K	84779810	BAA	XMGH	1	1	
001	05	XO	O6	67A00	MS	K	84779810	BAA	XMGH	1	1	
001	06	ADC	O2	01A00	MS	K	84779810	BBA	XMGH	1	1	
001	07	COMD SGT MAJ	E9	00Z50	NC	I	84779810	BAA	XMGH	1	1	
001	08	ADM NCO	E7	71L40	NC	I	84779810	BAA	XMGH	1	1	
001	09	ENL AIDE	E7	94B40	NC	I	84779810	BAA	XMGH	1	1	
001	10	PROTOCOL NCO	E6	71L30	NC	I	84779810	BAA	XMGH	1	1	
001	11	PROTOCOL SP	E5	71L20	NC	I	84779810	BAA	XMGH	1	1	
001	12	ADMIN NCO	E5	71L20	NC	I	84779810	BAA	XMGH	1	1	
001	13	PROTOCOL OFF	11	00301	GS	C	84779810	BDA	XMGH	1	1	
001	14	VISITOR & CONF COORD	11	00301	GS	C	84779810	BDA	XMGH	1	1	
001	15	SECY (STENO)	08	00318	GS	C	84779810	BAA	XMGH	2	2	
001	16	SECY (STENO)	07	00318	GS	C	84779810	BAA	XMGH	2	2	
SUBTOTAL										16	16	
001A	00	SGS										
001A	01	SGS	O5	67A00	MS	K	84779810	BAA	XMGH	1	1	
001A	02	CMD HISTORIAN	11	00170	GS	C	84779810	BAA	XMGH	1	1	
001A	03	STF OP ASST (OA)	05	00303	GS	C	84779810	BAA	XMGH	2	2	
SUBTOTAL										4	4	
001B	00	IR&AC OFC										
001B	01	SUPV AUDITOR	14	00511	GM	C	84779810	CGA	XMGH	1	1	
001B	02	AUDITOR	13	00511	GM	C	84779810	CGA	XMGH	1	1	
001B	03	AUDITOR	12	00511	GS	C	84779810	CGA	XMGH	2	2	
001B	04	SECY (OA)	06	00318	GS	C	84779810	CGA	XMGH	1	1	
SUBTOTAL										5	5	

001C	00	SAFETY OFFICE										
001C	01	SAFETY & OH MGR	14	00018	GM	C	84779810	CHG	XMGH	1	1	
001C	02	SAFETY & OH SP	13	00018	GM	C	84779810	CHG	XMGH	1	1	
001C	03	SAFETY & OH SP	12	00018	GS	C	84779810	CHG	XMGH	1	1	
001C	04	SECY (OA)	05	00318	GS	C	84779810	CHG	XMGH	1	1	
SUBTOTAL										4	4	
001D	00	INNOVATIONS & TQM OFC										
001D	01	TQM OFF	13	00301	GM	C	84779810	XRB	XMGH	1	1	
001D	02	TQM ASST (INSTR)	12	00301	GS	C	84779810	XRB	XMGH	1	1	
001D	03	SECY (OA)	04	00318	GS	C	84779810	XRB	XMGH	1	1	
SUBTOTAL										3	3	
001E	00	EO/EEO OFFICE										
001E	01	EQ EMPL SP	13	00260	GM	C	84779810	YZZ	XMGH	1	1	
001E	02	SR MED NCO-EO	E8	9185Q	NC	I	84779810	YZZ	XMGH	1	1	
001E	03	SECY (OA)	05	00318	GS	C	84779810	YZZ	XMGH	1	1	
SUBTOTAL										3	3	
001F	00	PROV MARSHAL										
001F	01	SUPV PHY SCTY SP	14	00080	GM	C	84779810	TFE	XMGH	1	1	
001F	02	MP-MOB PLANNER-RC (92)	04	31A00	MP	K	84779810	TFE	XMGH	1	1	NON-ADD
001F	03	SCTY READ MGMT-RC (92)	E8	95B50	NC	I	84779810	TFE	XMGH	1	1	NON-ADD
001F	04	PHYS SCTY SP	13	00080	GS	C	84779810	TFE	XMGH	1	1	
001F	05	SCTY ASST (OA)	09	00086	GS	C	84779810	TFE	XMGH	1	1	
SUBTOTAL										3	3	
001G	00	PUB AFF OFC										
001G	01	C PUB AFF OFC	06	46A00	AG	K	84779810	BEB	XMGH	1	1	
001G	02	PUB AFF SP	13	01035	GS	C	84779810	BEB	VPUB	1	1	
001G	03	PUB AFF SP	12	01035	GS	C	84779810	BEB	XMGH	1	1	
001G	04	PUB AFF SP (SP WRITER)	12	01035	GS	C	84779810	BEB	XMGH	1	1	
001G	05	PUB AFF SP	11	01035	GS	C	84779810	BEB	XMGH	1	1	
001G	06	PUB AFF SP	11	01035	GS	C	84779810	BEB	VPUB	1	1	
001G	07	PUB AFF SP	09	01035	GS	C	84779810	BEB	XMGH	1	1	
001G	08	SECY (STENO)	05	00318	GS	C	84779810	BEB	XMGH	1	1	
SUBTOTAL										8	8	

001H	00	CHAPLAIN OFC										
001H	01	STF CH	06	56A00	CH	K	84779810	BZA	XMGH	1	1	
001H	02	C CLIN PAST MINIS	05	56A00	CH	K	84779810	BZA	XMGH	1	1	
001H	03	STF CH USAR (92)	05	56A00	CH	K	84779810	BZA	XMGH	1	1	NON-ADD
001H	04	CH ASST SUPV	E8	71M50	NC	I	84779810	BZA	XMGH	1	1	
001H	05	SECY (OA)	06	00318	GS	C	84779810	BZA	XMGH	1	1	
SUBTOTAL										4	4	
001I	00	PROG, ANAL, & EVAL OFC										
001I	01	DIRECTOR, PA&E	06	67A00	MS	K	84779810	FFB	XMGH	1	1	
001I	02	FORCE DEV/MPR	05	67A00	MS	K	84779810	FFB	XMGH	1	1	
001I	03	CLINICAL OPS ANALYST	05	67A00	MS	K	84779810	FFB	XMGH	1	1	
001I	04	RES MGR/PRGM BUDGET	05	67A00	MS	K	84779810	FFB	XMGH	1	1	
001I	05	ORSA	04	67D00	MS	K	84779810	FFB	XMGH	1	1	
001I	06	INFO SYS MGR	04	67D00	MS	K	84779810	FFB	XMGH	1	1	
001I	07	PRGM ANAL	13	00345	GS	C	84779810	FFB	XMGH	1	1	
001I	08	BUDGET ANALYST	13	00510	GS	C	84779810	FFB	XMGH	1	1	
001I	09	SECY (OA)	05	00318	GS	C	84779810	FFB	XMGH	1	1	
SUBTOTAL										9	9	
TOTAL										59	59	
002	00	OFC OF IG										
002	01	INSP GEN	06	67A00	MS	K	84779810	BNA	XMGH	1	1	
002	02	SECY (STENO)	06	00318	GS	C	84779810	BNA	XMGH	1	1	
SUBTOTAL										2	2	
002A	00	EVALUATION BR										
002A	01	C EVAL BR	05	67A00	MS	K	84779810	BNA	XMGH	1	1	
002A	02	INSP GEN	05	66A00	AN	K	84779810	BNA	XMGH	1	1	
SUBTOTAL										2	2	

002B	00	ASST & INVES BR										
002B	01	C ASST & INVES	05	67A00	MS	K	84779810	BNA	XMGH	1	1
002B	02	INSP GEN	04	67A00	MS	K	84779810	BNA	XMGH	1	1
002B	03	INSP NCO	E8	71L50	NC	I	84779810	BNA	XMGH	1	1
002B	04	INSP SP	11	01801	GS	C	84779810	BNA	XMGH	1	1
SUBTOTAL										4	4
TOTAL										8	8
003	00	STAFF JA OFF									
003	01	SJA	06	55A00	JA	K	84779810	BPA	XMGH	1	1
003	02	C CIVIL LAW ATTNY	05	55A00	JA	K	84779810	BPA	XMGH	1	1
003	03	C LEGAL NCO	E8	71D50	NC	I	84779810	BPA	XMGH	1	1
003	04	ATTY-ADV (CONT)	13	00905	GS	C	84779810	BPA	XMGH	1	1
003	05	ATTY-ADV (GEN)	12	00905	GS	C	84779810	BPA	XMGH	1	1
003	06	HLTH SYS SP	09	00671	GS	C	84779810	BXB	XMGH	1	1
003	07	PARALEGAL SP (OA)	07	00950	GS	C	84779810	BPA	XMGH	1	1
003	08	SECY (STENO/OA)	06	00318	GS	C	84779810	BPA	XMGH	1	1
TOTAL										8	8
004	00	DCS PERSONNEL									
004	01	DCSPER	06	70F67	MS	K	84779810	PAA	XMGH	1	1
004	02	PER SGT	E9	75Z50	NC	I	84779810	PAA	XMGH	1	1
004	03	SECY (STENO)	06	00318	GS	C	84779810	PAA	XMGH	1	1
SUBTOTAL										3	3
004A	00	CIV PERS OFC									
004A	01	PERS OFF	15	00201	GM	C	84779810	RAC	XMGH	1	1
004A	02	POSN CLASS SP	13	00221	GS	C	84779810	RDZ	XMGH	1	1
004A	03	PERS MGT SP	12	00201	GS	C	84779810	RDZ	XMGH	1	1
004A	04	PER CLK	05	00203	GS	C	84779810	RDZ	XMGH	1	1
SUBTOTAL										4	4

004B	00	MWR OFC									
004B	01	MWR PM	13	00340	GM	C	84779810	RFA	XMGH	1	1
004B	02	COM & FAM SPT SP	12	01701	GS	C	84779810	RFA	XMGH	1	1
004B	03	FIN OPNS ASST	07	00503	GS	C	84779810	RFA	XMGH	1	1
SUBTOTAL										3	3
004C	00	MIL PERS DIV									
004C	01	C MIL PER DIV	05	70F67	MS	K	84779810	PBA	XMGH	1	1
004C	02	OA ASST	06	00326	GS	C	84779810	PBA	XMGH	1	1
SUBTOTAL										2	2
004D	00	PERS/OPNS BR									
004D	01	C PER/OPN BR	05	70F67	MS	K	84779810	PBD	XMGH	1	1
004D	02	PERS STF OFF-RC (92)	04	70F67	MS	K	84779810	PBC	XMGH	1	1 NON-ADD
004D	03	PER SGT	E7	75Z40	NC	I	84779810	PBD	XMGH	1	1
004D	04	PERS STF NCO-RC (92)	E7	75Z40	NC	I	84779810	PBC	XMGH	1	1 NON-ADD
004D	05	MILPER MGT SP	09	00205	GS	C	84779810	PBD	XMGH	1	1
004D	06	MIL PERS TECH	07	00204	GS	C	84779810	PBD	XMGH	1	1
004D	07	MIL PER CLK (OA)	04	00204	GS	C	84779810	PBD	XMGH	1	1
004D	08	SECY (OA)	04	00318	GS	C	84779810	PBD	XMGH	1	1
SUBTOTAL										6	6
004E	00	PERS MGT BR									
004E	01	C PERS MGT BR	05	70F67	MS	K	84779810	PAC	XMGH	1	1
004E	02	MS PER OFF	04	70F67	MS	K	84779810	PBD	XMGH	1	1
004E	03	PER MGT SUPV	E8	75Z50	NC	I	84779810	PAC	XMGH	1	1
004E	04	PER MGT SUPV	E6	75C30	NC	I	84779810	PAC	XMGH	1	1
004E	05	PER MGT SP	E4	75C10	NC	I	84779810	PAC	XMGH	1	1
004E	06	M-P CLK (OA)	05	00204	GS	C	84779810	PAC	XMGH	1	1
004E	07	M-P CLK (OA)	04	00204	GS	C	84779810	PAC	XMGH	1	1
004E	08	SECY (OA)	04	00318	GS	C	84779810	PAC	XMGH	1	1
SUBTOTAL										8	8

004F	00	PERS ACT BR										
004F	01	C PERS ACT BR	04	70F67	MS	K	84779810	PTC	XMGH	1	1	
004F	02	PER ACT SP	E8	75250	NC	I	84779810	PTC	XMGH	1	1	
004F	03	M-P REL	07	00204	GS	C	84779810	PTC	XMGH	1	1	
004F	04	MIL PER TECH	07	00204	GS	C	84779810	PTC	XMGH	1	1	
004F	05	M-P CLK (OA)	05	00204	GS	C	84779810	PTC	XMGH	3	3	
004F	06	SECY (OA)	05	00318	GS	C	84779810	PTC	XMGH	1	1	
SUBTOTAL										8	8	
004G	00	SPECIAL PAY BR										WITH DUTY NCR
004G	01	CHIEF	04	70F67	MS	K	84779810	PBD	XMGH	1	1	
004G	02	MIL PER CLK (OA)	07	00204	GS	C	84779810	PBD	XMGH	1	1	
004G	03	MIL PER CLK (OA)	06	00204	GS	C	84779810	PBD	XMGH	2	2	
SUBTOTAL										4	4	
004H	00	REENLIST BR										
004H	01	C REENL BR	E9	00R50	NC	I	84779810	PUV	XMGH	1	1	
004H	02	RETENT NCO	E7	00R40	NC	I	84779810	PUV	XMGH	1	1	
SUBTOTAL										2	2	
TOTAL										40	40	
005	00	DCSIM										
005	01	DCSIM	06	70D67	MS	K	84779810	DNG	XMGI	1	1	
005	02	PLN/RESOURCE MGR	13	00560	GS	C	84779810	DAZ	XMGI	1	1	
005	03	SECY (STENO)	06	00318	GS	C	84779810	DNG	XMGI	1	1	
005	04	OA CLERK	03	00326	GS	C	84779810	DAZ	XMGI	1	1	
SUBTOTAL										4	4	

005A	00	NETWK MGT BR										
005A	01	C, NETWK MGT	04	70D67	MS	K	84779810	DAZ	XMGI	1	1
005A	02	DATA MGR	04	70D67	MS	K	84779810	DAZ	XMGH	1	1
005A	03	BIOMED SYS OFF	04	70D67	MS	K	84779810	DAZ	XMGH	1	1
005A	04	COMM SPEC	04	70D67	MS	K	84779810	DAZ	XMGI	1	1
005A	05	SYSTEM INT	13	00301	GM	C	84779810	DAZ	XMGI	1	1
005A	06	SYSTEM INT	12	00334	GS	C	84779810	DAZ	XMGI	1	1
SUBTOTAL										6	6
005B	00	CONSULTANTS BR									
005B	01	SUPV COMP SPEC	13	00334	GM	C	84779810	DAZ	XMGH	1	1
005B	02	BIOMED SYS ANAL	04	70D67	MS	K	84779810	DAZ	XMGH	1	1
005B	03	BUS INFO ANAL	12	00334	GS	C	84779810	DAZ	XMGH	2	2
005B	04	SECY (OA)	04	00322	GS	C	84779810	DAZ	XMGH	1	1
SUBTOTAL										5	5
005C	00	ADMIN SVCS DIV									
005C	01	C ADMIN SVCS DIV	05	42E00	AG	K	84779810	DAZ	XMGH	1	1
005C	02	SECY (OA)	05	00318	GS	C	84779810	DAZ	XMGH	1	1
SUBTOTAL										2	2
005D	00	SUPPORT BR									
005D	01	SUPV, INFO SYS MGT SP	12	00301	GS	C	84779810	DAZ	XMGH	1	1
005D	02	ADMIN SYS MGT	03	42E00	AG	K	84779810	DAZ	XMGH	1	1
005D	03	TECH PUB WRTR (MS)	11	01083	GS	C	84779810	DAZ	XMGH	1	1
SUBTOTAL										3	3
005E	00	GRAPHICS SEC									
005E	01	ILLUSTRATOR	09	01020	GS	C	84779810	DAZ	XMGI	1	0
005E	02	ILLUSTRATOR	08	01020	GS	C	84779810	DAZ	XMGI	1	0
SUBTOTAL										2	0

005F	00	OPERATIONS BR										
005F	01	PRTG OFF	11	01654	GS	C	84779810	DAZ	XMGI	1	1	
005F	02	SUPPLY CLK	04	02005	GS	C	84779810	DAZ	XMGI	1	1	
005F	03	COPIER/DUP EQ OP	03	00350	GS	C	84779810	DAZ	XMGI	1	1	
SUBTOTAL										3	3	
005G	00	MAIL & DIST SEC										
005G	01	MAIL FILE SUPV	05	00305	GS	C	84779810	DAZ	XMGH	1	1	
005G	02	MAIL FILE CLK	04	00305	GS	C	84779810	DAZ	XMGH	1	1	
005G	03	MAIL CLK	03	00305	GS	C	84779810	DAZ	XMGH	1	1	
005G	04	MAIL CLK	03	00305	GS	C	84779810	DAZ	XMGI	1	1	
SUBTOTAL										4	4	
TOTAL										29	27	
006	00	DCSLOG										
006	01	DCSLOG	06	70K67	MS	K	84779810	KAA	XMGH	1	1	
006	02	SECY (OA)	06	00318	GS	C	84779810	KAA	XMGH	1	1	
SUBTOTAL										2	2	
006A	00	CMD LOG REV TM										
006A	01	C CLRT	04	70K67	MS	K	84779810	KCY	XMGH	1	1	
006A	02	MED SUP SGT	E8	76J50	NC	I	84779810	KCY	XMGH	1	1	
SUBTOTAL										2	2	
006B	00	LOG BUS & INT DIV										
006B	01	C LOG BUS & INT	06	70K67	MS	K	84779810	MNF	XMGH	1	1	
006B	02	SECY (OA)	05	00318	GS	C	84779810	MNF	XMGH	1	1	
SUBTOTAL										2	2	
006C	00	STR INT BR										
006C	01	C STR INT BR	05	70K67	MS	K	84779810	KCY	XMGH	1	1	
006C	02	LOG PLN & COOR-RC (92)	04	70K67	MS	K	84779810	KCY	XMGH	1	1	NON-ADD
006C	03	MS MAT OFF-RC (92)	04	70K67	MS	K	84779810	KCY	XMGH	1	1	NON-ADD
006C	04	MS MAT OFF	03	70K67	MS	K	84779810	KCY	XMGH	1	1	
SUBTOTAL										2	2	

006D	00	BUS INTEG BR									
006D	01	SUPV LOG MGT SP	13	00346	GM	C	84779810	KCY	XMGH	1	1
006D	02	LOG MGT SP	12	00346	GS	C	84779810	KCY	XMGH	2	2
006D	03	STAFF ACCT	12	00510	GS	C	84779810	KCY	XMGH	1	1
SUBTOTAL										4	4
006E	00	TECH & SYS INT BR									
006E	01	C TECH & SYS INT BR	13	02003	GS	C	84779810	NNF	XMGH	1	1
006E	02	TECH MGT SP	12	00301	GS	C	84779810	NNF	XMGH	1	1
006E	03	SUP SYS ANAL	11	02003	GS	C	84779810	NNF	XMGH	1	1
SUBTOTAL										3	3
006F	00	MAT & MAINT MGT DIV									
006F	01	C MAT & MAINT MGT	05	70K67	MS	K	84779810	NNC	XMGH	1	1
006F	02	SECY (OA)	05	00318	GS	C	84779810	NNC	XMGH	1	1
SUBTOTAL										2	2
006G	00	MAINT BR									
006G	01	C MAINT BR	W5	670A0	SW	P	84779810	LDA	XMGH	1	1
006G	02	EQUIP SP (GEN)	11	01670	GS	C	84779810	LDA	XMGH	2	2
SUBTOTAL										3	3
006H	00	SUP & DIST BR									
006H	01	CHIEF	05	70K67	MS	K	84779810	NNF	XMGH	1	1
006H	02	MS MAT OFF	04	70K67	MS	K	84779810	NNF	XMGH	1	1
006H	03	LOG MGT SP	12	00346	GS	C	84779810	NNF	XMGH	1	1
SUBTOTAL										3	3
006I	00	HAZARDS PROG MGT BR									
006I	01	HAZARDS PROG MGT SP	12	00301	GS	C	84779810	NNF	XMGH	2	2
SUBTOTAL										2	2

006J	00	EQUIP BR										
006J	01	C EQUIP BR	05	70K67	MS	K	84779810	NNC	XMGH	1	1	
006J	02	SUP MGT REP	11	02003	GS	C	84779810	NNC	XMGH	1	1	
006J	03	INV MGT SP	11	02010	GS	C	84779810	NNC	XMGH	1	1	
SUBTOTAL										3	3	
006K	00	READINESS AND MOB DIV										
006K	01	C READ AND MOB DIV	05	70K67	MS	K	84779810	KCY	XMGH	1	1	
006K	02	SECY (OA)	05	00318	GS	C	84779810	KCY	XMGH	1	1	
SUBTOTAL										2	2	
006L	00	CONTINGENCY REQ BR										
006L	01	CHIEF	05	70K67	MS	K	84779810	KCY	XMGH	1	1	
006L	02	LOG MGT SP	12	00346	GS	C	84779810	KCY	XMGH	1	1	
SUBTOTAL										2	2	
006M	00	FORCE INTEG & TRNG OFC										
006M	01	CHIEF	05	70K67	MS	K	84779810	KCY	XMGH	1	1	
006M	02	LOG MGT SP	12	00346	GS	C	84779810	KCY	XMGH	3	3	
SUBTOTAL										4	4	
006N	00	GLOBAL LIAISON BR										
006N	01	CHIEF	05	70K67	MS	K	84779810	KCY	XMGH	1	1	
006N	02	LOG MGT SP	12	00346	GS	C	84779810	KCY	XMGH	1	1	
SUBTOTAL										2	2	
006P	00	TRANS & INTRAN VIS BR										
006P	01	LOG MGT SP	13	02130	GM	C	84779810	NNF	XMGH	1	1	
SUBTOTAL										1	1	
TOTAL										39	39	
007	00	DCS FACILITIES										
007	01	DCSFAC	06	70K67	MS	K	84779810	JDF	XMGH	1	1	
SUBTOTAL										1	1	

007A	00	ADMIN SUPPORT										
007A	01	SECY (STENO)	06	00318	GS	C	84779810	JDF	XMGH	1	1
007A	02	ENGR SPT CLK SECY (OA)	05	00303	GS	C	84779810	JDF	XMGH	2	2
SUBTOTAL										3	3
007B	00	PROG ANAL/BUDG SPT									
007B	01	PROGRAM ANALYST	12	00345	GS	C	84779810	JDF	XMGH	1	1
007B	02	BUDGET ANALYST	11	00560	GS	C	84779810	JDF	XMGH	2	2
SUBTOTAL										3	3
007C	00	INSTALLATION DPW-OPS									
007C	01	C INSTL DPW	05	21A00	EN	K	84779810	JDF	XMGH	1	1
007C	02	GEN ENGR	13	00801	GM	C	84779810	JDF	XMGH	1	1
007C	03	ENVIRON ENGR	12	00819	GS	C	84779810	JDF	XMGH	1	1
007C	04	ELEC ENGR	12	00850	GS	C	84779810	JDF	XMGH	1	1
007C	05	ENVIRON TECH	09	00802	GS	C	84779810	JDF	XMGH	1	1
SUBTOTAL										5	5
007D	00	HOUSING OFFICE									
007D	01	HOUSING MGT SP	13	01173	GM	C	84779810	JEA	XMGH	1	1
SUBTOTAL										1	1
007E	00	AMEDD FAC MGT DIV									
007E	01	CHIEF	05	70K67	MS	K	84779810	KCY	XMGH	1	1
007E	02	MED FAC MGR	13	01601	GM	C	84779810	KCY	XMGH	1	1
007E	03	ARCHITECT	13	00808	GS	C	84779810	JDF	XMGH	2	2
007E	04	ENGR MASTER PLNG	13	00830	GS	C	84779810	JDF	XMGH	1	1
007E	05	ENGR PROG MGR	12	00850	GS	C	84779810	JDF	XMGH	1	1
007E	06	MASTER PLNG TECH	09	00802	GS	C	84779810	JDF	XMGH	1	1
SUBTOTAL										7	7
TOTAL										20	20

008	00	DCS RESOURCE MGT										
008	01	DCSRM	06	70C67	MS	K	84779810	FAB	XMGH	1	1
008	02	ADMIN NCO	E8	71L50	NC	I	84779810	FAB	XMGH	1	1
008	03	SECY (OA)	06	00318	GS	C	84779810	FAB	XMGH	1	1
SUBTOTAL										3	3
008A	00	PROG, BUDG, & MPR DIV									
008A	01	C PB&M DIV	06	70C67	MS	K	84779810	FFA	XMGH	1	1
008A	02	MED CLAIMS EXAM	09	00990	GS	C	84779810	FFA	XMGH	1	1
008A	03	SECY (OA)	06	00318	GS	C	84779810	FFA	XMGH	1	1
SUBTOTAL										3	3
008B	00	BUDGET BR									
008B	01	C BUDGET BR	14	00560	GM	C	84779810	FFE	XMGH	1	1
008B	02	BUD ANAL	13	00560	GS	C	84779810	FFE	XMGH	2	2
008B	03	BUD ANAL	12	00560	GS	C	84779810	FFE	XMGH	8	8
008B	04	BUD ASST	07	00561	GS	C	84779810	FFE	XMGH	1	1
008B	05	SECY (OA)	05	00318	GS	C	84779810	FFE	XMGH	1	1
SUBTOTAL										13	13
008C	00	HQ ACCT BR									
008C	01	HQ BUDGET OFF	11	00560	GS	C	84779810	FFC	XMGH	1	1
008C	02	BUDGET ANALYST	09	00560	GS	C	84779810	FFC	XMGH	1	1
008C	03	BUDGET ASST	07	00561	GS	C	84779810	FFC	XMGH	1	1
SUBTOTAL										3	3
008D	00	PROGRAM BR									
008D	01	C PROG BR	13	00343	GM	C	84779810	FFB	XMGH	1	1
008D	02	PROGRAM ANAL	12	00343	GS	C	84779810	FFB	XMGH	3	3
008D	03	BUDGET ASST	07	00561	GS	C	84779810	FFB	XMGH	1	1
SUBTOTAL										5	5

008E	00	MANPOWER BR										
008E	01	C MANPOWER	14	00343	GM	C	84779810	XMA	XMGH		1	1
008E	02	NURSE METH ANAL	05	66A00	AN	K	84779810	XMA	XMGH		1	1
008E	03	SECY (OA)	05	00318	GS	C	84779810	XMA	XMGH		1	1
SUBTOTAL											3	3
008F	00	MPR & EQ OPNS SEC										
008F	01	CHIEF	13	00343	GM	C	84779810	ODA	XMGH		1	1
008F	02	MGT ANALYST	13	00343	GM	C	84779810	ODA	XMGH		1	1
008F	03	MGT ANALYST	12	00343	GS	C	84779810	ODA	XMGH		3	3
008F	04	MGT ANALYST	12	00343	GS	C	84779810	NQZ	XMGH		1	1
008F	05	MGT ANALYST	11	00343	GS	C	84779810	ODA	XMGH		3	3
008F	06	MGT ANALYST	11	00343	GS	C	84779810	ODZ	XMGH		1	1
008F	07	MGT ANALYST	09	00343	GS	C	84779810	ODA	XMGH		3	3
008F	08	MGT ASSISTANT	07	00344	GS	C	84779810	ODA	XMGH		2	2
008F	09	MGT ASSISTANT	07	00344	GS	C	84779810	ODZ	XMGH		1	1
008F	10	MGT ASSISTANT (OA)	07	00344	GS	C	84779810	NQZ	XMGH		1	1
008F	11	SECY (OA)	04	00318	GS	C	84779810	ODA	XMGH		1	1
SUBTOTAL											18	18
008G	00	MPR REQUIREMENTS OFC										
008G	01	SUPV MGT ANALYST	13	00343	GM	C	84779810	OBZ	XMGH		1	1
008G	02	MGT ANALYST	12	00343	GS	C	84779810	OBZ	XMGH		3	3
008G	03	MGT ANALYST	11	00343	GS	C	84779810	OBZ	XMGH		1	1
SUBTOTAL											5	5
008H	00	FIN ACCT DIV										
008H	01	C FIN & ACCT DIV	05	44A00	FI	K	84779810	FBA	XMGH		1	1
008H	02	STAFF ACCT	14	00510	GM	C	84779810	FDD	XMGH		1	1
008H	03	SUPV ACCT	13	00510	GS	C	84779810	FDA	XMGH		1	1
008H	04	LEAD ACCT	13	00510	GS	C	84779810	FDD	XMGH		1	1
008H	05	ACCT	12	00510	GS	C	84779810	FDA	XMGH		2	2
008H	06	ACCT	11	00510	GS	C	84779810	FDA	XMGH		1	1
008H	07	ACCT TECH	07	00525	GS	C	84779810	FDD	XMGH		8	8
008H	08	SECY (STENO)	05	00318	GS	C	84779810	FBA	XMGH		1	1
008H	09	SECY (OA)	04	00318	GS	C	84779810	FDD	XMGH		1	1
SUBTOTAL											17	17

008I	00	MGT DIV									
008I	01	C MGT DIV	05	70C67	MS	K	84779810	FGA	XMGH	1	1
008I	02	SECY (OA)	05	00318	GS	C	84779810	FGB	XMGH	1	1
SUBTOTAL										2	2
008J	00	MGT ANALYSIS BR									
008J	01	SUPV MGT ANAL	13	00343	GM	C	84779810	FGB	XMGH	1	1
008J	02	HS MGT ANAL	04	70D67	MS	K	84779810	FGB	XMGH	1	1
008J	03	MGT ANAL	12	00343	GS	C	84779810	FGB	XMGH	1	1
008J	04	MGT ANAL	11	00343	GS	C	84779810	FGB	XMGH	1	1
SUBTOTAL										4	4
008K	00	MEPRS BR									
008K	01	C, MEPRS	12	00343	GS	C	84779810	FGZ	XMGH	1	1
008K	02	MGT ANALYST	12	00343	GS	C	84779810	FGZ	XMGH	1	1
008K	03	MGT ANALYST	11	00343	GS	C	84779810	FGZ	XMGH	2	2
SUBTOTAL										4	4
TOTAL										80	80
009	00	HQ CO									
009	01	CO	02	70867	MS	K	84779810	BAA	XMGH	1	1
009	02	1ST SGT	E8	9185M	NC	I	84779810	BAA	XMGH	1	1
009	03	SUP SGT	E7	76Y40	NC	I	84779810	BAA	XMGH	1	1
009	04	PER STF NCO	E6	75830	NC	I	84779810	BAA	XMGH	1	1
TOTAL										4	4
010	00	HCOPS									
010	01	DCG HSCOPS	07	00800	GO	K	84779810	XBA	XMGH	1	1
010	03	SECY (STENO)	06	00318	GS	C	84779810	XBA	XMGH	1	1
SUBTOTAL										2	2

010A	00	OFC SR RC ADV										
010A	01	SR ARNG ADV (89)	06	70H67	MS	K	84779810	RJA	XMGH	1	1	NON-ADD
010A	02	SR USAR ADV (92)	06	70H67	MS	K	84779810	RJA	XMGH	1	1	NON-ADD
010A	03	OPS/TNG STF OFF-RC (92)	05	70H67	MS	K	84779810	RJA	XMGH	1	1	NON-ADD
010A	04	SR MED NCO-RC (92)	E9	91B50	NC	I	84779810	RJA	XMGH	1	1	NON-ADD
SUBTOTAL										0	0	
010B	00	OPERATIONS DIV										
010B	01	CHIEF	06	70H67	MS	K	84779810	XBA	XMGH	1	1	
010B	02	SECY (OA)	05	00318	GS	C	84779810	XBA	XMGH	1	1	
SUBTOTAL										2	2	
010C	00	MSN/REALIGN BR										
010C	01	C MSN/RELGN BR	05	67A00	MS	K	84779810	XMG	XMGH	1	1	
010C	02	HLTH CARE SYS PLNR	04	70A67	MS	K	84779810	XMG	XMGH	2	2	
010C	03	HLTH SYS SP	12	00671	GS	C	84779810	XMG	XMGH	1	1	
010C	04	SECY (OA)	05	00318	GS	C	84779810	XMG	XMGH	1	1	
SUBTOTAL										5	5	
010D	00	SCTY & INTEL BR										
010D	01	SCTY SP	13	00080	GS	C	84779810	IRA	XMGH	1	1	
010D	02	SCTY ASST	07	00086	GS	C	84779810	IRA	XMGH	1	1	
010D	03	SECY (OA)	04	00318	GS	C	84779810	IRA	XMGH	1	1	
SUBTOTAL										3	3	
010E	00	OPS BR										
010E	01	C, OPNS BR	05	70H67	MS	K	84779810	XLY	XMGH	1	1	
010E	02	AME OFF	05	67J67	MS	K	84779810	XLY	XMGH	1	1	
010E	03	PLANS & TNG OFF-RC (92)	05	70H67	MS	K	84779810	XLY	XMGH	1	1	NON-ADD
010E	04	OPNS OFF	04	70H67	MS	K	84779810	XLY	XMGH	3	3	
010E	05	HLTH SYS SP	12	00671	GS	C	84779810	XLY	XMGH	1	1	
010E	06	MED OPNS SP	11	00301	GS	C	84779810	XLY	XMGH	1	1	
010E	07	OP ASST (OA)	05	00303	GS	C	84779810	XLY	XMGH	1	1	
010E	08	SECY (OA)	04	00318	GS	C	84779810	XLY	XMGH	1	1	
SUBTOTAL										9	9	

010F	00	TNG BR										
010F	01	C TNG	05	70H67	MS	K	84779810	CBA	XMGH	1	1	
010F	02	TNG NCO	E7	01B40	NC	I	84779810	CBA	XMGH	1	1	
010F	03	HLTH SYS SP	11	00301	GS	C	84779810	CBA	XMGH	1	1	
SUBTOTAL										3	3	
010G	00	READINESS/PLN BR										
010G	01	SUPV MIL PLN SP	14	00301	GM	C	84779810	YAX	XMGH	1	1	
010G	02	MOB PLANNER	05	70H67	MS	K	84779810	YAX	XMGH	1	1	
010G	03	MOB PLANNER-RC (92)	05	70H67	MS	K	84779810	YAX	XMGH	1	1	NON-ADD
010G	04	NG PLANNER (89)	05	70H67	MS	K	84779810	YAX	XMGH	1	1	NON-ADD
010G	05	PLANS & TNG OFF	04	70H67	MS	K	84779810	YAX	XMGH	1	1	
010G	06	HLTH SYS SP	12	00671	GS	C	84779810	YAX	XMGH	1	1	
010G	07	SECY (OA)	04	00318	GS	C	84779810	YAX	XMGH	1	1	
SUBTOTAL										5	5	
010H	00	STRAT/BUSINESS PLAN BR										
010H	01	CHIEF	06	67A00	MS	K	84779810	XLY	XMGH	1	1	
010H	02	PLANS OFF	14	00301	GS	C	84779810	XLY	XMGH	1	1	
010H	03	PLANS OFF	13	00301	GS	C	84779810	XLY	XMGH	1	1	
010H	04	MGT ANAL	12	00343	GS	C	84779810	XLY	XMGH	3	3	
010H	05	SECY (OA)	05	00318	GS	C	84779810	XLY	XMGH	1	1	
SUBTOTAL										7	7	
010I	00	CLINICAL OPNS DIV										
010I	01	CHIEF CLIN OPNS	06	60A00	MC	K	84779810	HWZ	XMGH	1	1	
010I	02	SR ENL ADV	E9	91C50	NC	I	84779810	HWZ	XMGH	1	1	
010I	03	SECY (STENO)	06	00318	GS	C	84779810	HWZ	XMGH	1	1	
SUBTOTAL										3	3	

010J	00	HLTH POLICY & PRGM BR										
010J	01	CHIEF, HLTH POL BR	06	60A00	MC	K	84779810	HWZ	XMGH	1	1	
010J	02	PRIM CARE SR POL ANAL	06	60A00	MC	K	84779810	HWZ	XMGH	1	1	
010J	03	TERTIARY CARE SR POL	06	60A00	MC	K	84779810	HWZ	XMGH	1	1	
010J	04	MENTAL HLTH SR POL	06	60W00	MC	K	84779810	HWZ	XMGH	1	1	
010J	05	ALLIED HLTH SR POL	06	65D00	SP	K	84779810	HWZ	XMGH	1	1	
010J	06	NURSING SR POL ANAL	06	66A00	AN	K	84779810	HWZ	XMGH	1	1	
010J	07	SR NURSE ADMIN-RC (92)	06	66A00	AN	K	84779810	HWZ	XMGH	1	1	NON-ADD
010J	08	HLTH CARE ADM POL ANAL	06	67A00	MS	K	84779810	HWZ	XMGH	1	1	
010J	09	HLTH SYS SP	12	00671	GS	C	84779810	HWZ	XMGH	1	1	
010J	10	SECY (OA)	06	00318	GS	C	84779810	HWZ	XMGH	1	1	
010J	11	OA CLERK (OA)	05	00322	GS	C	84779810	HWZ	XMGH	1	1	
SUBTOTAL										10	10	
010K	00	AMEDD CONSULT PROG OFC										
010K	01	C CONSULT PROG OFC	06	60A00	MC	K	84779810	HWZ	XMGH	1	1	
010K	02	HLTH SYS SPEC	12	00671	GS	C	84779810	HWZ	XMGH	1	1	
010K	03	SECY (OA)	05	00318	GS	C	84779810	HWZ	XMGH	1	1	
SUBTOTAL										3	3	
010L	00	PROGRAM MGT OFC										
010L	01	C PMS/AVN PROG MGR	06	61N00	MC	K	84779810	HWZ	XMGH	1	1	
010L	02	BLOOD PRGM MGR	06	68F00	MS	K	84779810	HWZ	XMGH	1	1	
010L	03	LAB PROG MGR	06	68F00	MS	K	84779810	HWZ	XMGH	1	1	
010L	04	PHARMACY PROGRAM MGR	06	68H00	MS	K	84779810	HWZ	XMGH	1	1	
010L	05	EFMP/FAP/EIP PROG MGR	06	73A67	MS	K	84779810	HWZ	XMGH	1	1	
010L	06	ADAPCP/LAB PROG MGR	05	73A67	MS	K	84779810	HWZ	XMGH	1	1	
010L	07	ALCOHOL/DG SP	13	00101	GM	C	84779810	HWZ	XMGH	1	1	HLTH SVCS (IM) - FILL W/70A67, 70E67
010L	08	SECY (OA)	06	00318	GS	C	84779810	HWZ	XMGH	1	1	
SUBTOTAL										8	8	

010M	00	QUAL MGT DIV										
010M	01	C QUAL MGT DIV	06	60A00	MC	K	84779810	HWZ	XMGH	1	1	
010M	02	NURSE ADMINISTRATOR	05	66A00	AN	K	84779810	HWZ	XMGH	1	1	
010M	03	QUAL COORD OFF-RC (92)	05	66A00	AN	K	84779810	HWZ	XMGH	1	1	NON-ADD
010M	04	C PROVIDER ACTIONS SEC	05	70A67	MS	K	84779810	HWZ	XMGH	1	1	HLTH SVCS (IN) - FILL W/70A67, 70E67
010M	05	QUAL COORD OFF-RC (92)	04	66A00	AN	K	84779810	HWZ	XMGH	1	1	NON-ADD
010M	06	QUAL COORD OFF (NG) (89)	04	67A00	MS	K	84779810	HWZ	XMGH	1	1	NON-ADD; HLTH SVCS (IN) - FILL W/70A67, 70E67, 70
010M	07	HLTH CARE ADMIN	04	70A67	MS	K	84779810	HWZ	XMGH	1	1	HLTH SVCS (IN) - FILL W/70A67, 70E67
010M	08	MANAGEMENT ANALYST	13	00343	GS	C	84779810	HWZ	XMGH	1	1	
010M	09	HEALTH SYS SPEC (QM)	12	00671	GS	C	84779810	HWZ	XMGH	1	1	
010M	10	QUALITY MGMT ASST	07	00301	GS	C	84779810	HWZ	XMGH	1	1	
010M	11	SECY (OA)	06	00318	GS	C	84779810	HWZ	XMGH	1	1	
010M	12	CLK TYP (DATA ENTRY CLK)	06	01910	GS	C	84779810	HWZ	XMGH	1	1	
010M	13	SECY (OA)	05	00318	GS	C	84779810	HWZ	XMGH	1	1	
SUBTOTAL										10	10	
010N	00	MANAGED CARE/INITIATIVE OFC										
010N	01	C MANAGED CARE/INITIATIVE	06	67A00	MS	K	84779810	HWZ	XMGH	1	1	HLTH SVCS (IN) - FILL W/70A67, 70E67
010N	02	NURSE ADMIN	05	66A00	AN	K	84779810	HWZ	XMGH	1	1	
010N	03	PROG DIR	05	67A00	MS	K	84779810	HWZ	XMGH	1	1	HLTH SVCS (IN) - FILL W/70A67, 70E67
010N	04	HLTH CARE ADM	04	70A67	MS	K	84779810	HWZ	XMGH	2	2	
010N	05	HLTH SYS SP	11	00671	GS	C	84779810	HWZ	XMGH	1	1	
010N	06	HSLTH BNFTS ADV	07	00303	GS	C	84779810	HWZ	XMGH	1	1	
010N	07	SECY (OA)	05	00318	GS	C	84779810	HWZ	XMGH	1	1	
SUBTOTAL										8	8	
0100	00	PVNTMED & WELLNESS DIV										
0100	01	PVNTMED OFF, DIV CHIEF	06	60C00	MC	K	84779810	HVB	XMGH	1	1	
0100	02	OCC MED OFF	06	60D00	MC	K	84779810	HVB	XMGH	1	1	
0100	03	NUTRITION CARE OFF	06	65C00	SP	K	84779810	HVB	XMGH	1	1	
0100	04	CMTY HLTH NURSE	06	66B00	AN	K	84779810	HWZ	XMGH	1	1	
0100	05	ENVIRONMENTAL SCI OFF	06	72E67	MS	K	84779810	HVB	XMGH	1	1	
0100	06	MENTAL HLTH MGR	05	67D00	MS	K	84779810	HVB	XMGH	1	1	
0100	07	PHYS ASSISTANT	04	65D00	SP	K	84779810	HVB	XMGH	1	1	
0100	08	SGM	E9	91S50	MC	I	84779810	HVB	XMGH	1	1	
0100	09	SECY (OA)	05	00318	GS	C	84779810	HVB	XMGH	1	1	
SUBTOTAL										9	9	

010P	00	RESOURCE UTIL/ANAL DIV									
010P	01	CHIEF	14	00343	GM	C	84779810	OBC	XMGH	1	1
010P	02	MGT ANAL	13	00343	GM	C	84779810	OBC	XMGH	2	2
010P	03	MGT ANAL	12	00343	GS	C	84779810	OBC	XMGH	6	6
010P	04	STATISTICIAN	12	01510	GS	C	84779810	OBC	XMGH	1	1
010P	05	MGT ANAL	11	00343	GS	C	84779810	OBC	XMGH	2	2
010P	06	SECY (OA)	05	00318	GS	C	84779810	OBC	XMGH	1	1
SUBTOTAL										13	13
010Q	00	PROGRAM BR									
010Q	01	HLTH CARE ADM	04	67E00	MS	K	84779810	HWZ	XMGH	1	1
010Q	02	BUDGET ANAL	12	00560	GS	C	84779810	HWZ	XMGH	1	1
010Q	03	MGT ANAL	11	00343	GS	C	84779810	HWZ	XMGH	1	1
010Q	04	HLTH SYS SP	11	00671	GS	C	84779810	HWZ	XMGH	1	1
010Q	05	HLTH SYS SP	09	00671	GS	C	84779810	HWZ	XMGH	1	1
010Q	06	SECY (OA)	04	00318	GS	C	84779810	HWZ	XMGH	1	1
SUBTOTAL										6	6
010R	00	RESOURCE ANAL BR									
010R	01	SUPV STAT	13	01530	GM	C	84779810	FGE	XMGH	1	1
010R	02	OP RES ANAL	13	01530	GM	C	84779810	FGE	XMGH	1	1
010R	03	STAT CLK (OA)	04	01531	GS	C	84779810	FGE	XMGH	1	1
SUBTOTAL										3	3
010S	00	PATIENT ADMIN BRANCH									
010S	01	CHIEF	06	70E67	MS	K	84779810	HWZ	XMGH	1	1
010S	02	PATIENT ADMIN OFFICER	05	70E67	MS	K	84779810	HWZ	XMGH	1	1
010S	03	PATIENT ADMIN OFFICER	04	70E67	MS	K	84779810	HWZ	XMGH	1	1
010S	04	PAD NCO	E8	71G50	NC	I	84779810	HWZ	XMGH	1	1
010S	05	MED OPERATION SP	12	00301	GS	C	84779810	HWZ	XMGH	1	1
010S	06	TPCP COORDINATOR	12	00671	GS	C	84779810	HWZ	XMGH	1	1
010S	07	HEALTH SYSTEM SPEC	11	00671	GS	C	84779810	HWZ	XMGH	1	1
010S	08	SECRETARY (OA)	05	00318	GS	C	84779810	HWZ	XMGH	1	1
SUBTOTAL										8	8
010T	00	CLAIMS CONSULTATION BR									

010T	01	CHIEF/ATTY	05	60A00	MC	84779810	BCB	XMGH	1	0
010T	02	PHYS/ATTY	15	00602	GM	84779810	BCB	XMGH	3	3
010T	03	PARALEGAL SPEC	09	00950	GS	84779810	BCB	XMGH	1	1
010T	04	LEGAL TECH (OA)	07	00950	GS	84779810	BCB	XMGH	1	0
010T	05	SECY (OA)	06	00318	GS	84779810	BCB	XMGH	1	1
SUBTOTAL									7	5
TOTAL									124	122
****GRAND TOTAL****									411	407

TDA HSXXXXXX
CCNUM HS0195
EDATE

HEADQUARTERS
US ARMY DENTAL COMMAND

SECTION I

1. CHANGES TO :

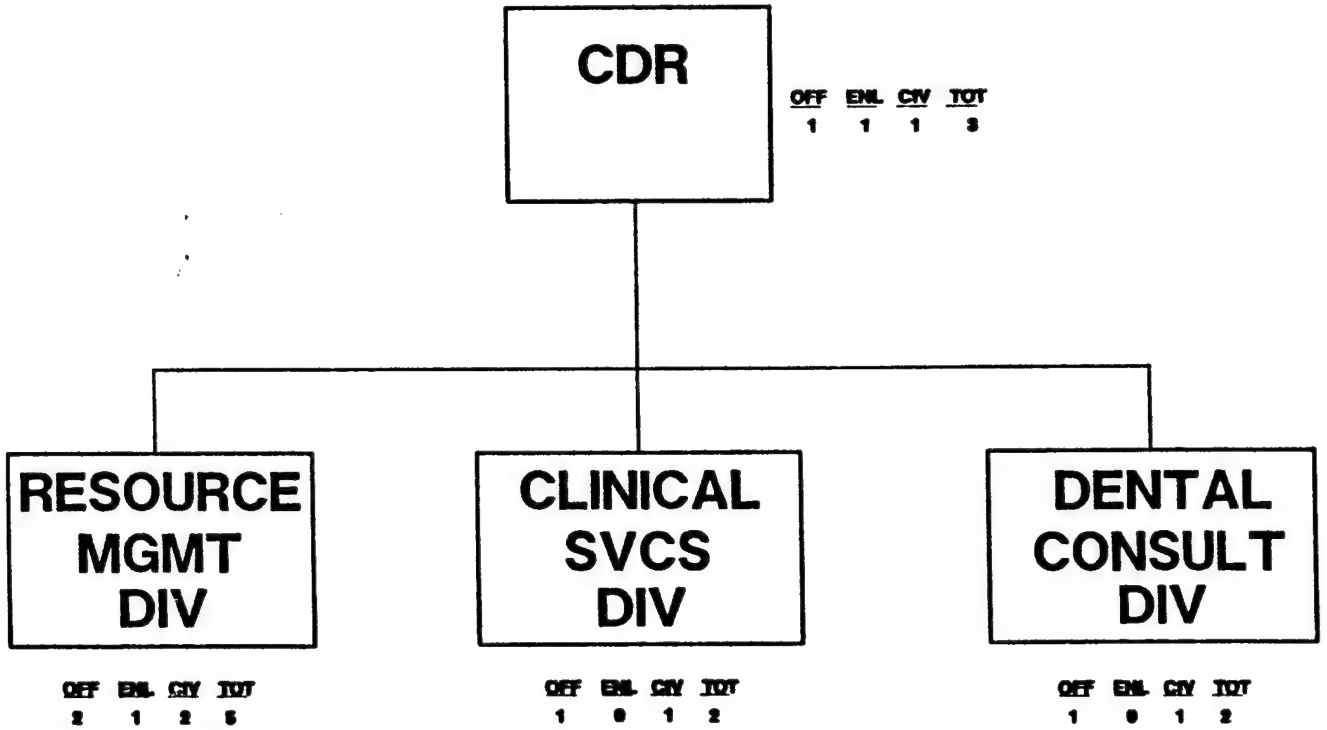
A. ACTIVATION: ACTIVATE US ARMY DENTAL COMMAND, FORT SAM HOUSTON, TEXAS.

B. MODIFICATION:

C. RESCISSIONS:

D. SUPERSESSIONS:

PROPOSED ORGANIZATION
HQ, U.S. ARMY DENTAL COMMAND



MYWORKS9\DENPROP.DRW
DASG-HCM

2. LOCATION: FORT SAM HOUSTON, TEXAS 78234

3. ASSIGNMENT: US ARMY MEDICAL COMMAND

4. DATE OF LAST SURVEY

A. MANPOWER: NA

B. EQUIPMENT: NA

5. MISSION: THE US ARMY DENTAL COMMAND, A SUBORDINATE COMMAND OF THE US ARMY MEDICAL COMMAND, HAS RESPONSIBILITY FOR:

A. COMMAND AND CONTROL OF WORLDWIDE ARMY DENTAL SERVICE SYSTEM.

B. PROVISION OF DIRECTION AND LONG RANGE PLANNING FOR ARMY DENTAL ACTIVITIES.

C. ALLOCATION OF RESOURCES FOR THE OPERATION OF USADENCOM ORGANIZATIONS AND ACTIVITIES.

LAST PAGE OF SECTION 1

U.S. ARMY DENTAL COMMAND

PARA	LN	POSITION OR DUTY TITLE	GR	POSCO	BR	ID	AMSCO	SWC	MDEP	REQ	AUTH
001	00	DENTAL COMMAND									
001	01	CDR	O7	63R00	DC	K	84771511	HQA	HSDC	1	1
001	02	STF DEN NCO	E9	91E5O	NC	I	84771511	HQA	HSDC	1	1
001	03	SECY (STENO)	06	00318	GS	C	84771511	HQA	HSDC	1	1
SUBTOTAL										3	3
002	00	RES MGT DIV									
002	01	C RES MGT DIV	O5	67A00	MS	K	84771511	HQA	HSDC	1	1
002	02	HS MGT ANAL	O4	67C00	MS	K	84771511	HQA	HSDC	1	1
002	03	SR DEN FAC NCO	E8	91E5O	NC	I	84771511	HQA	HSDC	1	1
002	04	MGT ASST	06	00344	GS	C	84771511	HQA	HSDC	1	1
002	05	SECY (STENO)	05	00318	GS	C	84771511	HQA	HSDC	1	1
SUBTOTAL										5	5
003	00	CLIN SVC DIV									
003	01	C OF STAFF/C CLIN SVC	O6	63R00	DC	K	84771511	HQA	HSDC	1	1
003	02	SECY (STENO)	05	00318	GS	C	84771511	HQA	HSDC	1	1
SUBTOTAL										2	2
004	00	DEN CONSULT DIV									
004	01	DEN CONSULTANT	O6	63R00	DC	K	84771511	HQA	HSDC	1	1
004	02	SECY	05	00318	GS	C	84771511	HQA	HSDC	1	1
SUBTOTAL										2	2
TOTAL										12	12

TDA HSXXXXXX
CCNUM HS0195
EDATE

HEADQUARTERS
US ARMY VETERINARY COMMAND

SECTION I

1. CHANGES TO :

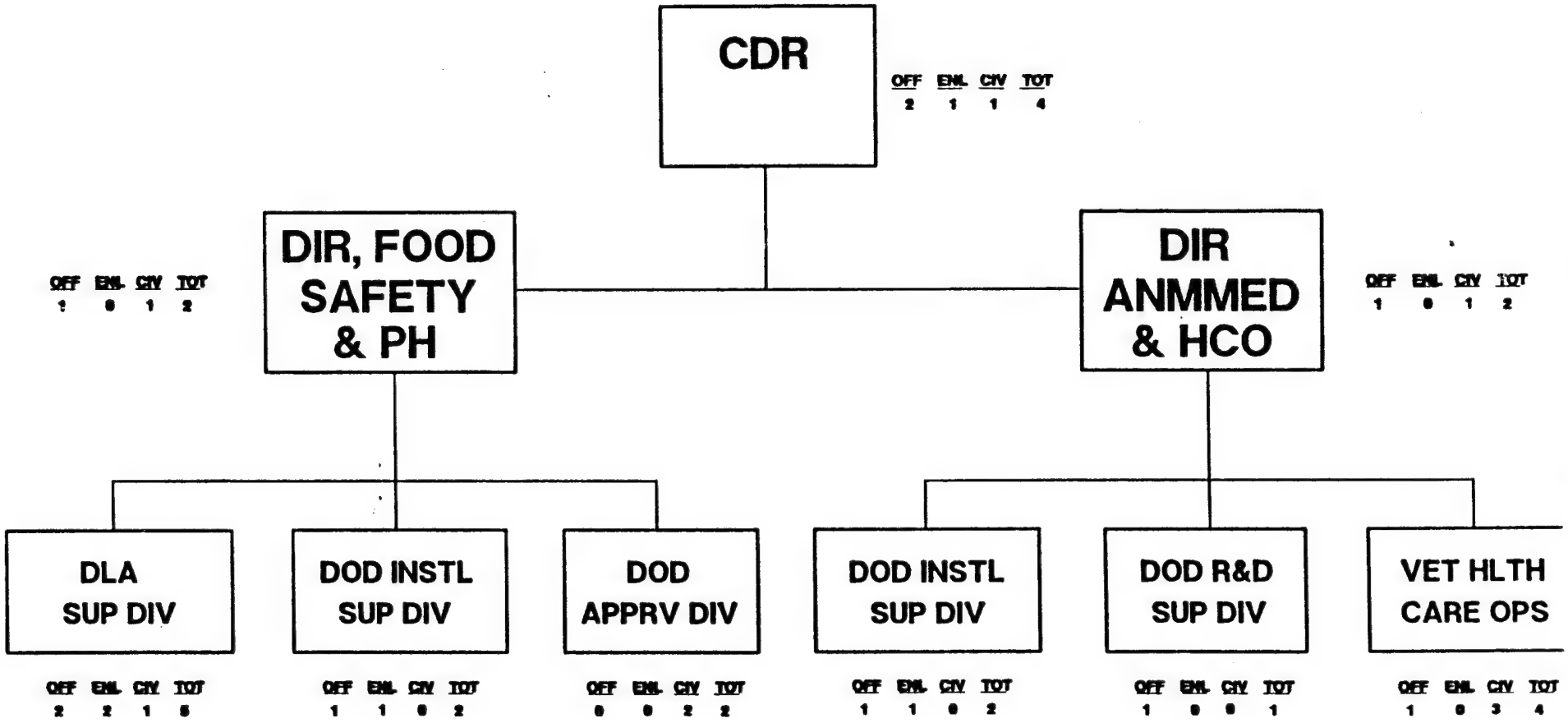
A. ACTIVATION: ACTIVATE US ARMY VETERINARY COMMAND, FORT SAM HOUSTON, TEXAS.

B. MODIFICATION:

C. RESCISSIONS:

D. SUPERSESSIONS:

PROPOSED ORGANIZATION
HQ, U.S. ARMY VETERINARY COMMAND



MYWORK95\VETPROP.DRW
DASG-HCM

2. LOCATION: FORT SAM HOUSTON, TEXAS 78234

3. ASSIGNMENT: US ARMY MEDICAL COMMAND

4. DATE OF LAST SURVEY

A. MANPOWER: NA

B. EQUIPMENT: NA

5. MISSION: THE US ARMY VETERINARY COMMAND, A SUBORDINATE COMMAND OF THE US ARMY MEDICAL COMMAND, HAS RESPONSIBILITY FOR:

A. COMMAND AND CONTROL OF WORLDWIDE VETERINARY SERVICE SYSTEM.

B. PROVISION OF DIRECTION AND LONG RANGE PLANNING FOR TRISERVICE VETERINARY MISSION.

C. ALLOCATION OF RESOURCES FOR THE OPERATION OF USAVETCOM ORGANIZATIONS AND ACTIVITIES.

LAST PAGE OF SECTION 1

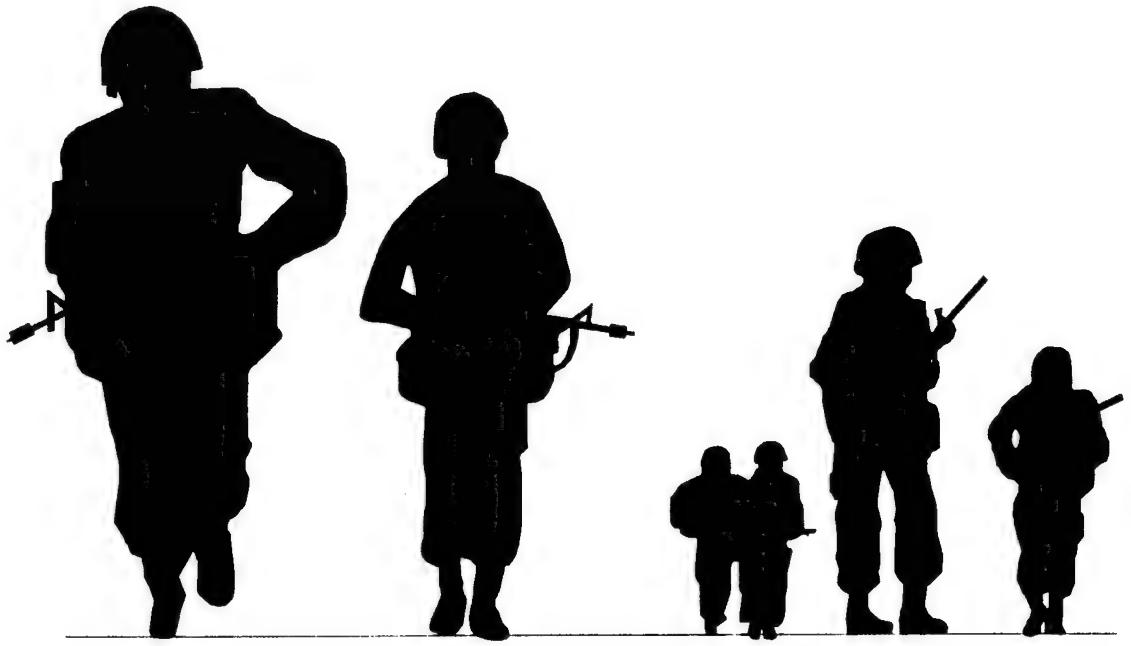
U.S. ARMY VETERINARY COMMAND

PARA	LN	POSITION OR DUTY TITLE	GR	POSCO	BR	ID	AMSCO SWC	MDEP	REQ	AUTH
001	00	OFC OF THE CG								
001	01	CG	O7	00B00	GO		84771424 HVJ	HSPV	1	0
001	01A	COMMANDER	O6	64A00	VC		84771424 HVJ	HSPV	0	1
001	02	DCDR/COFS	O6	64A00	VC		84771424 HVJ	HSPV	1	1
001	03	SR VET SVC NCO	E9	91R50	NC		84771424 HVJ	HSPV	1	1
001	04	SECY (OA)	07	00318	GS		84771424 HVJ	HSPV	1	1
SUBTOTAL									4	4
002	00	DIR FD SAFETY & PH								
002	01	DIR FDS&PH	O6	64A00	VC		84771424 HVJ	HSPV	1	1
002	02	SECY (STENO)	05	00318	GS		84771424 HVJ	HSPV	1	1
SUBTOTAL									2	2
002A	00	DLA SUP DIV								
002A	01	C DLA S DIV	O5	64A00	VC		84771424 HVJ	HSPV	1	1
002A	02	VET SVC TECH	W4	640A0	WO		84771424 HVJ	HSPV	1	1
002A	03	C VET SVC NCO	E8	91R50	NC		84771424 HVJ	HSPV	1	1
002A	04	VET SVC NCO	E7	91R40	NC		84771424 HVJ	HSPV	1	1
002A	05	QA SP SUB	11	01919	GS		84771424 HVJ	HSPV	1	1
SUBTOTAL									5	5
002B	00	DOD INSTL SUP DIV								
002B	01	M VET SVC TECH	W5	640A0	MW		84771424 HVJ	HSPV	1	1
002B	02	C VET SVC NCO	E8	91R50	NC		84771424 HVJ	HSPV	1	1
SUBTOTAL									2	2
002C	00	DOD APPRV S DIV								
002C	01	C DOD A S DIV	11	01801	GS		84771424 HVJ	HSPV	1	1
002C	02	SAN COMP ASST	06	01802	GS		84771424 HVJ	HSPV	1	1

SUBTOTAL									2	2
003	00	DIR ANMMED&HLTHCAREOPS								
003	01	DIR AM&HC OPS	06	64F00	VC	84771424	HVJ	HSPV	1	1
003	02	SECY (OA)	05	00318	GS	84771424	HVJ	HSPV	1	1
SUBTOTAL									2	2
003A	00	DOD INSTL SUP DIV								
003A	01	C DOD I S DIV	05	64F00	VC	84771424	HVJ	HSPV	1	1
003A	02	SR AN CARE NCO	E7	91T40	NC	84771424	HVJ	HSPV	1	1
SUBTOTAL									2	2
003B	00	DOD R&D SUP DIV								
003B	01	C DOD R&D DIV	05	64C00	VC	84771424	HVJ	HSPV	1	1
SUBTOTAL									1	1
003C	00	VET HLTH CARE OPS								
003C	01	C VET H C OPS	05	64F00	VC	84771424	HVJ	HSPV	1	1
003C	02	VET OPNS SP	12	00671	GS	84771424	HVJ	HSPV	1	1
003C	03	VET MGT ANALYST	11	00301	GS	84771424	HVJ	HSPV	1	1
003C	06	OA CLERK	04	00326	GS	84771424	HVJ	HSPV	1	1
SUBTOTAL									4	4
TOTAL									24	24

ENCLOSURE 7

OUT FRONT AND MOVING!



Task Force Aesculapius

US Army Medical Department

AMEDD Design Principles

- Establish clear accountability and align with authority
- Organize around work
- Get people working on the right tasks at the right level
- Eliminate duplication and redundancy
- Value-added

The Future Army

- Smaller Army
- CONUS based
- Quick reaction - trained and ready
- Force Projection
- Balanced force mix - active and reserve
- New missions

National Health Care

- Accountable Health Plans - Health Alliances
- Universal access - transportable coverage
- Standard benefit package
- Health Insurance Purchasing Co-operatives
- Competition on quality and cost
- Accountability and Assessment

Other Planning Considerations

- Tri-Service jointness
- Federal-ness
- Team centered wellness model
- Cost and growth of technology
- BRAC
- CRI-like benefit packages
- Continuing contractor involvement

FOCUS OF CHANGE

DEFEAT BUREAUCRACY & PAROCHIALISM

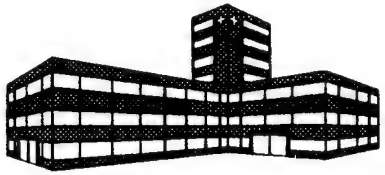
CAPITALIZE ON TECHNOLOGY

READINESS

READY FOR WAR

and

READY FOR PEACE



INTEGRATED AMEDD - SEAMLESS TRANSITION

ENHANCE GATEWAY TO CARE

CHANGE AMEDD CULTURE

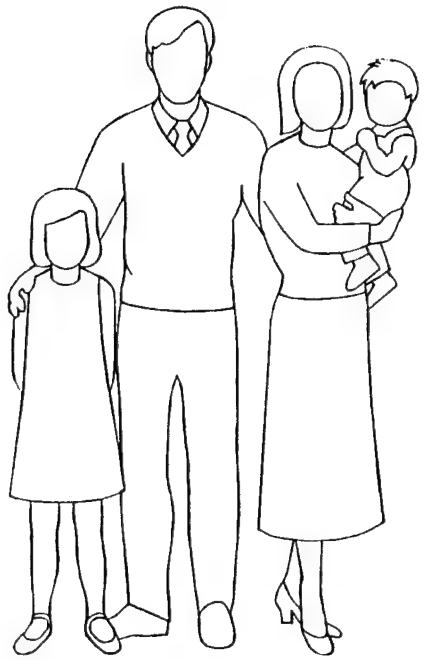
SHIFT TO TEAM-CENTERED WELLNESS MODEL

SUPPORTING THE ARMY FAMILY

UNCERTAINTY

DOWNSIZING STRESS

NATIONAL HEALTH REFORM



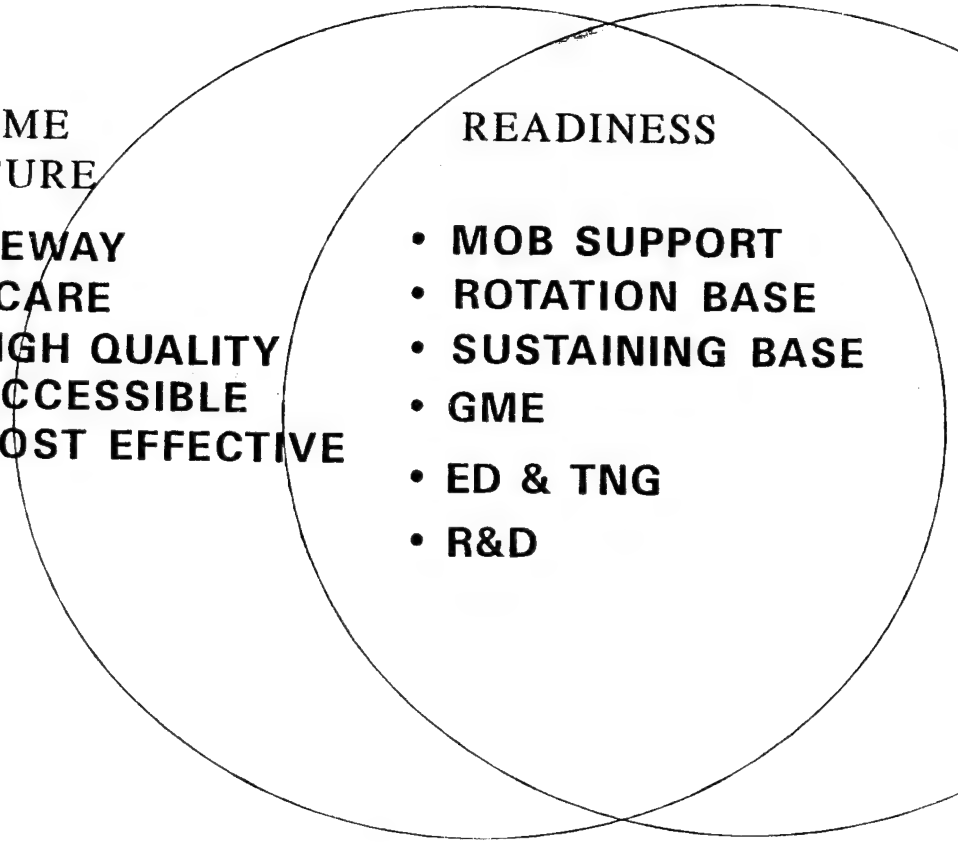
PAY FREEZE

CRI, CAM, OTHER DEMO PROJECTS

PRESERVE AND ENHANCE THE MILITARY HEALTH CARE BENEFIT

THE ARMY'S MEDICAL DEPARTMENT

ACCESSIBLE DEPLOYABLE ACCOUNTABLE



PEACETIME STRUCTURE

- GATEWAY TO CARE
  - HIGH QUALITY
  - ACCESSIBLE
  - COST EFFECTIVE

READINESS

- MOB SUPPORT
- ROTATION BASE
- SUSTAINING BASE
- GME
- ED & TNG
- R&D

WARTIME STRUCTURE

- MEDICAL SUPPORT TO--
  - FORCE PROJECTION ARMY
  - HUMANITARIAN RELIEF
  - CIVIC ACTION
  - DISASTER RELIEF

THE AMEDD - AN INTEGRATED, ORGANIZED SYSTEM OF CARE

Competitive Features of Army Medicine

- Organized system of care
- Integrated
- Accountable
- Operating in all settings

ONE ARMY MEDICAL DEPARTMENT

- TOE - TDA - Reserve integration
- Poised for the future
- Efficient training resource
- Operating worldwide

CORE PRINCIPLES

The Surgeon General

- High quality, affordable health care
- Fully trained, ready, deployable AMEDD
- Value added
- Unity of command
- Stakeholder buy-in
- Authority commensurate with responsibility

CORE PRINCIPLES

The Surgeon General

(continued)

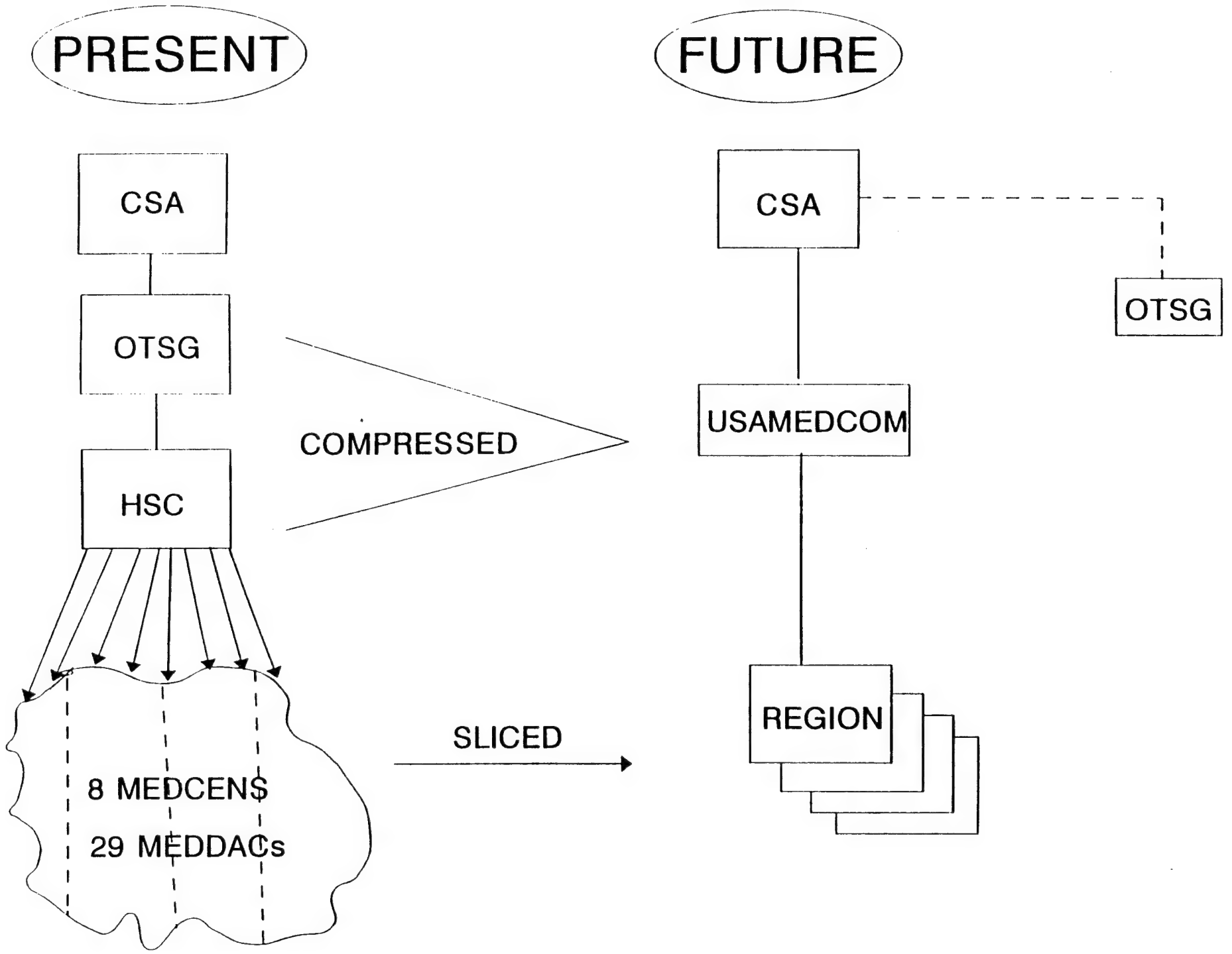
- Span of control
- Plan accommodates predictable futures
- Development of talent pool
- Capitalize on emerging technologies
- Effective communication
- Accountability

THE BUSINESS PLAN

- Integrates:
  - Paradigms I - V
  - Cost of peacetime competition
  - Cost of wartime readiness
- Focuses planning and operations at all levels

THE OTSG, MEDCOM AND REGIONAL HEADQUARTERS ARE

NEW


PRESENT
FUTURE
CSA
OTSG
HSC
COMPRESSED
8 MEDCENS
29 MEDDACs
SLICED
CSA
OTSG
USAMEDCOM
REGION

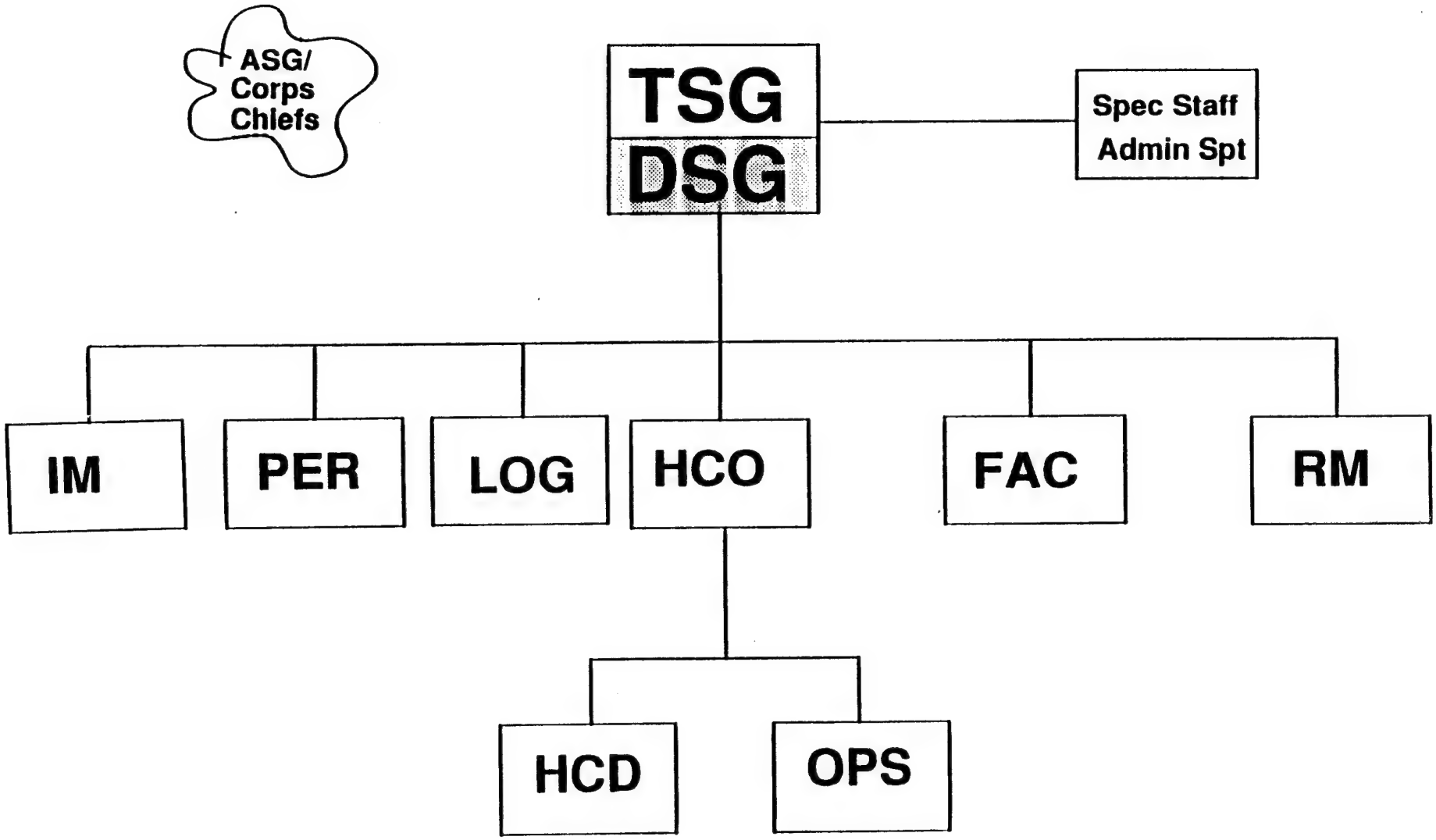
OTSG DESIGN PRINCIPLES

- Assists CSA and SEC Army in developing ARMY policy
- Acquires resources
- Represents and promotes AMEDD
- No In-Boxes

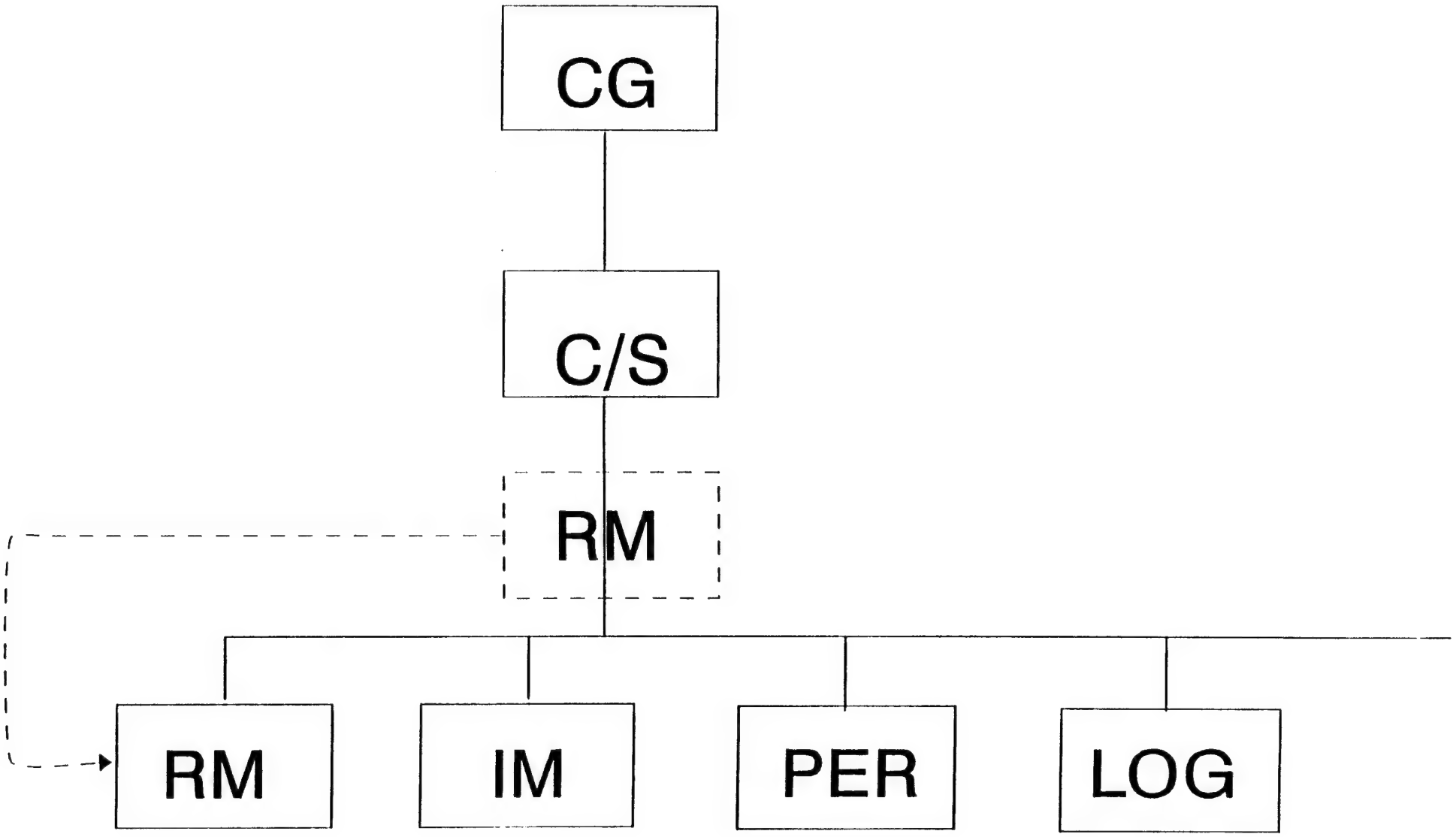
OTSG MISSION

- Assist CSA and Sec Army in discharging Title 10 responsibility.
- Advise and assist CSA and Sec Army and other principle officials on all matters pertaining to the Military Health Service System.
- Represent the Army to the Executive Branch, Congress, DoD Agencies and other organizations on all health policies affecting the AMEDD.
- Represent and promote AMEDD resource requirements.

OTSG


ASG/
Corps
Chiefs
TSG
DSG
Spec Staff
Admin Spt
IM
PER
LOG
HCO
FAC
RM
HCD
OPS

MEDCOM



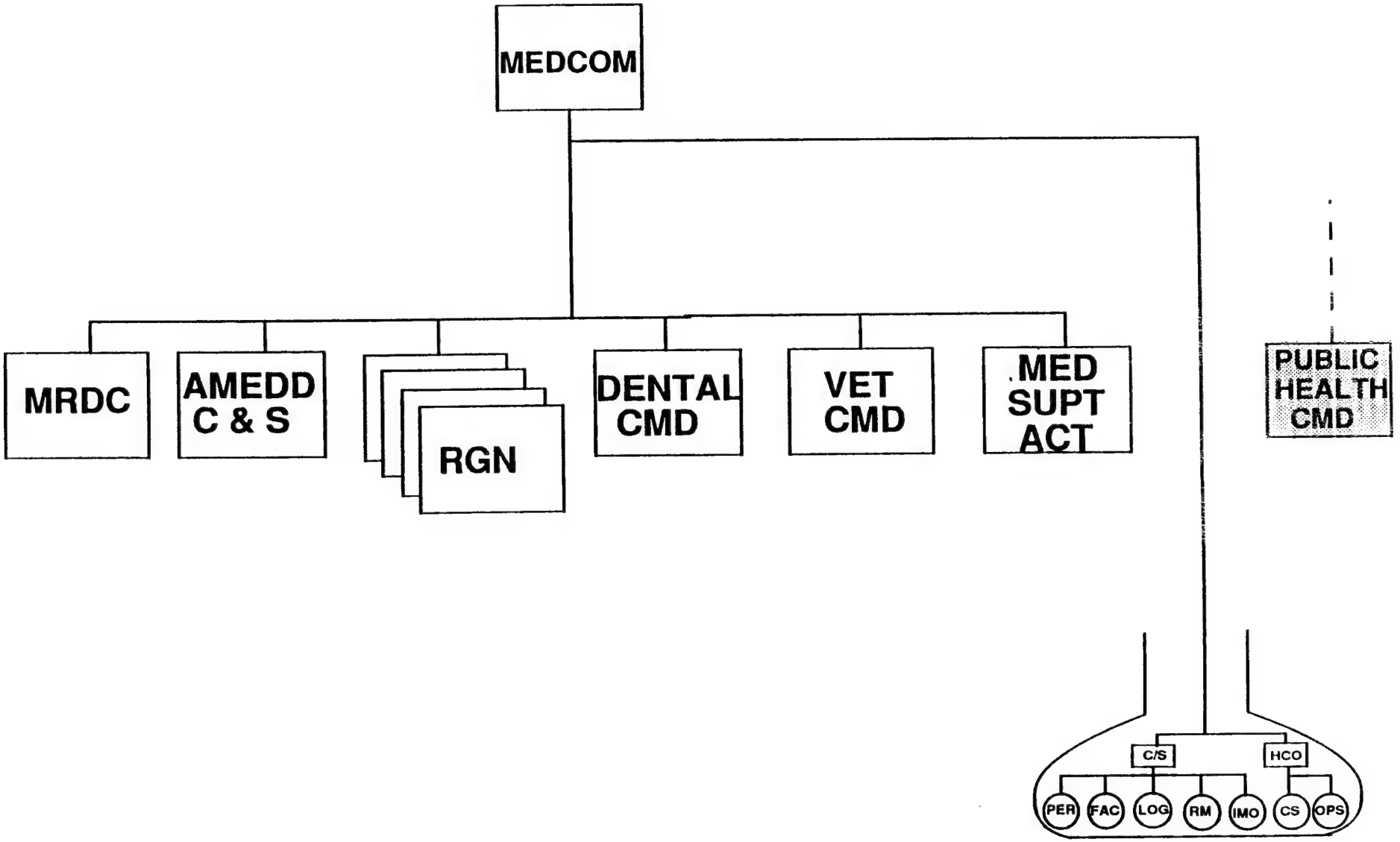
MEDCOM DESIGN PRINCIPLES

- Center of AMEDD policy, planning and operations
- Worldwide scope
- Focus on Strategic Business Planning
- Analytical capability for effective assessment and continuous improvement
- Directive authority and functions shifted from OTSG

MEDCOM MISSION

- Command and control of worldwide Army Health Service System.
- Provide vision, direction, and long range planning for the AMEDD.
- Develop and integrate doctrine, training, leader development, organization, and materiel for the Army Health Service System.
- Allocate resources, analyze utilization and assess performance worldwide.

MEDCOM


MEDCOM
MRDC
AMEDD C & S
RGN
DENTAL CMD
VET CMD
MED SUPT ACT
PUBLIC HEALTH CMD
C/S
HCO
PER
FAC
LOG
RM
IMO
CS
OPS

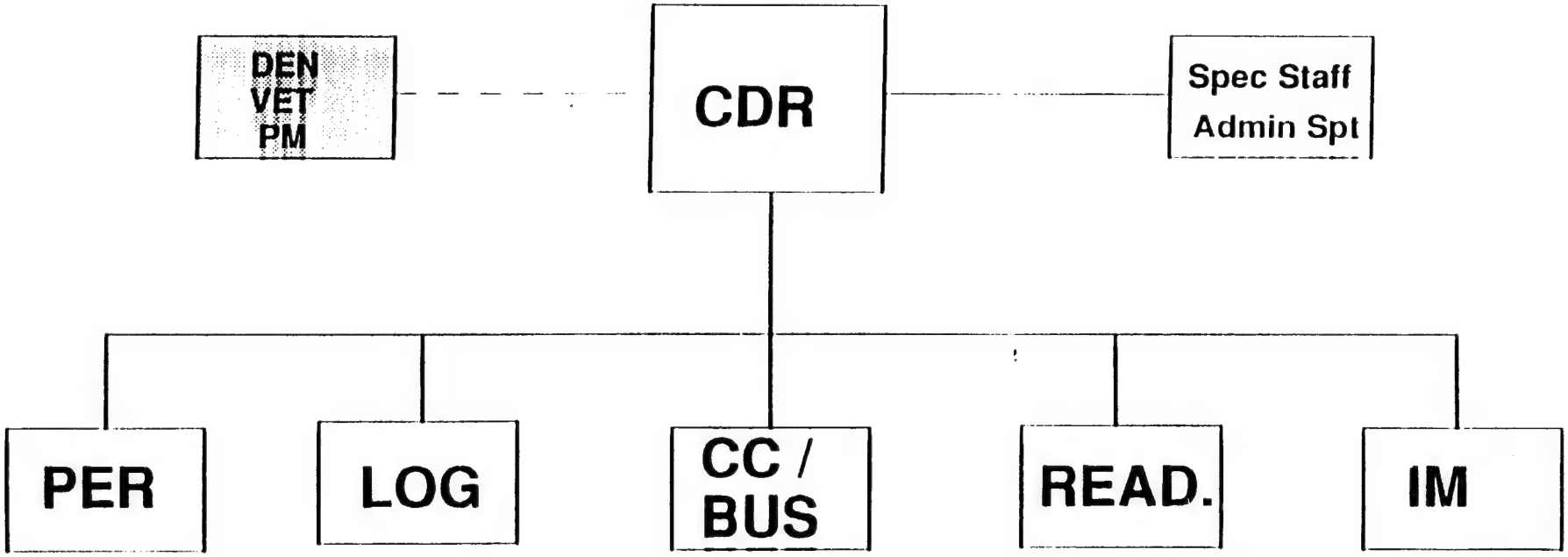
REGION DESIGN PRINCIPLES

- Health care delivered here
- Primary integrator of paradigms I, II, and III
- Compete in local markets
- Focus on Operational Business Planning

REGION MISSION

- Regional command and control of a cost effective, multi-disciplinary, customer-focused, quality Military Health Service System.
- Develop and sustain technical health care and leader skills in support of USAMEDCOM readiness goals in an integrated Army Health Service System.
- Support the readiness requirements of The Total Force.
- Allocate resources, analyze utilization and assess performance across the Region.

REGION HQ



(Designed to meet local market conditions)

TSG PLANNING POINTS

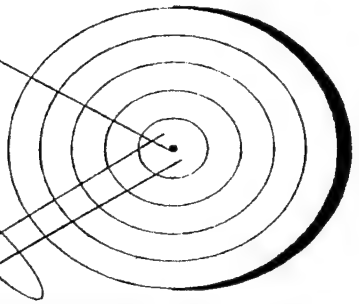
- Size
  - OTSG: 80 - 100
  - MEDCOM: 350 -400 (minimum FOAs)
  - Regions: about 130 total

- Focus
  - Shifted functions across MEDCOM
  - Aligned functions with appropriate levels of work
  - Aligned authority with responsibility
  - Applied accountability throughout system
  - Realigned consultants
  - Moved GME/GDE to AC&S

AMEDD REORGANIZATION PLAN

AIMING STAKES

REQUISITE AMEDD
FY 96-97



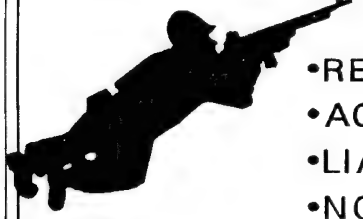
REGIONS
FOUR CONUS
REPORT TO MEDCOM
CDR IS GEN OFFICER

OPERATIONAL FOCUS
- SMALL STAFF
- INTEGRATES PARADIGMS I-III

MEDCOM
MELD OTSG, HSC, HPSA
CDR (LTG) & CMD IN FSHT
(APPROX 350-400)

STRATEGIC FOCUS
- AMEDD POLICY
- WORLDWIDE SCOPE
- INTEGRATES PARADIGMS I-V

OTSG
IN THE PENTAGON
(LESS THAN 100)



- REP & DEFEND AMEDD
- ACQUIRE RESOURCES
- LIAISON WITH MEDCOM
- NO IN-BOXES

PARADIGMS:

I - TOE

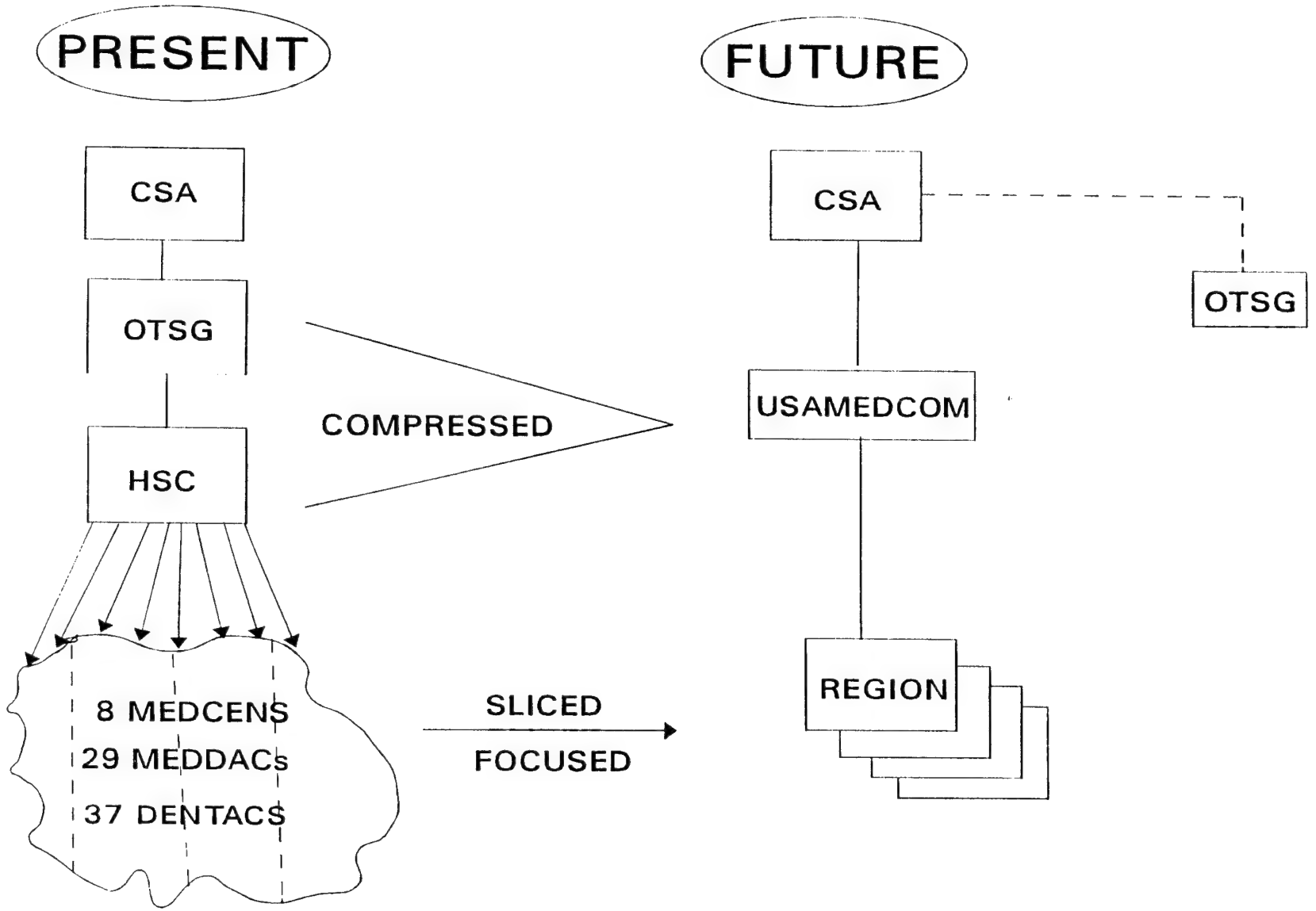
II - MED MOB READINESS

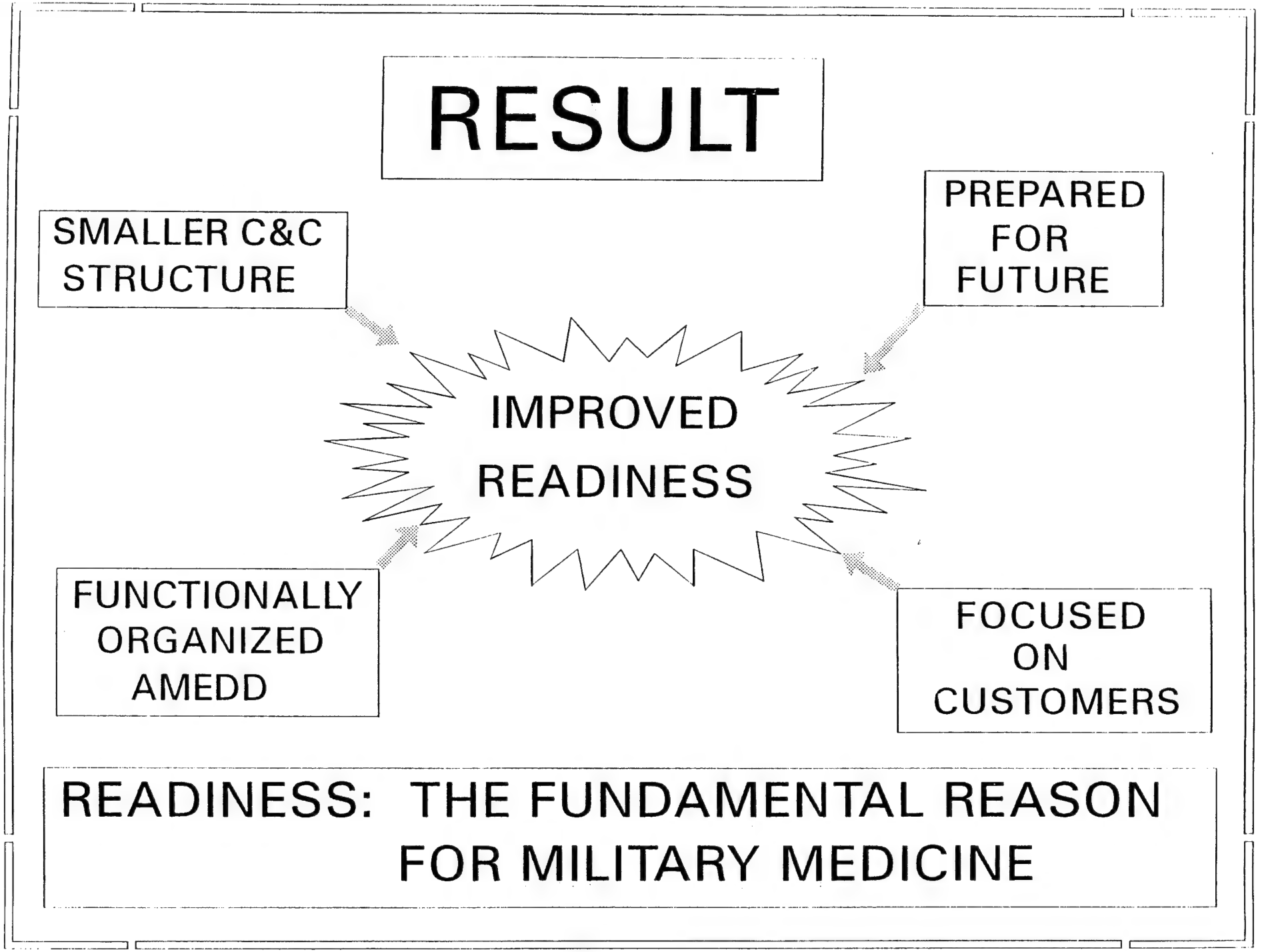
III - HEALTH CARE DELIVERY

IV - DOCTRINE, TNG CBT DEV

V - RDA

AMEDD RESTRUCTURING CONCEPT




RESULT
SMALLER C&C STRUCTURE
PREPARED FOR FUTURE
IMPROVED READINESS
FUNCTIONALLY ORGANIZED AMEDD
FOCUSED ON CUSTOMERS
READINESS: THE FUNDAMENTAL REASON FOR MILITARY MEDICINE

ISSUES

ARSTAF BEHAVIOR CHANGE

733 STUDY

BOTTOM-UP REVIEW

WORLDWIDE SCOPE - OCONUS INTEGRATION

RETURN TO PENTAGON

HEALTH CARE REFORM

INTEGRATION OF TOE

ENCLOSURE 8

AMEDD REORGANIZATION

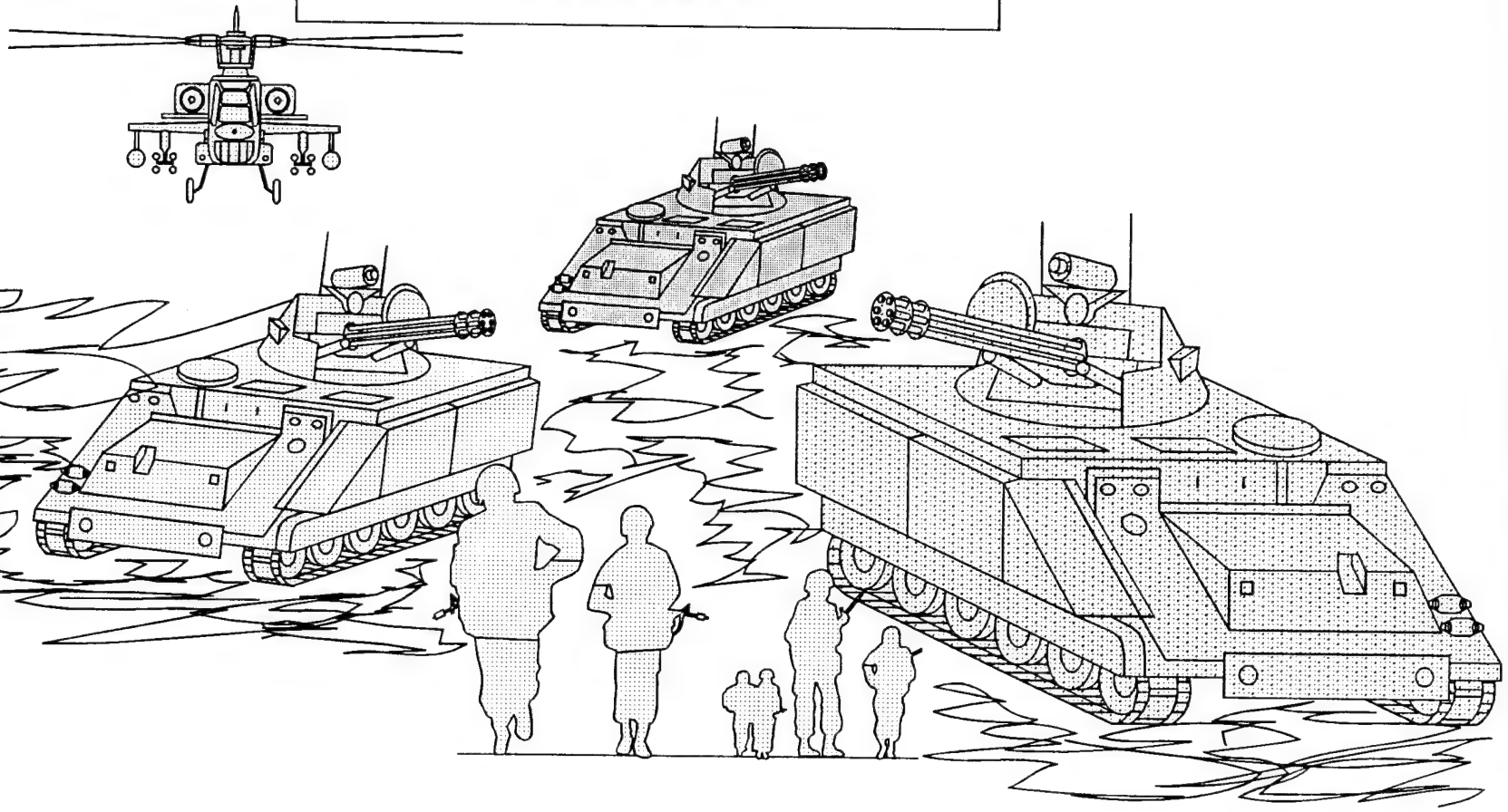
A BRIEFING TO THE ARMY STAFF
8 JULY 1993

TASK FORCE AESCULAPIUS

PURPOSE OF BRIEFING

- PRESENT AMEDD COMMAND AND CONTROL RESTRUCTURING PLAN
- DESCRIBE CONTRIBUTION TO HQDA TRANSFORMATION STUDY
- SEEK COMMENTS PRIOR TO FORMAL STAFFING AND PRESENTATION TO CSA

HQDA TRANSFORMATION STUDY



SUMMARY

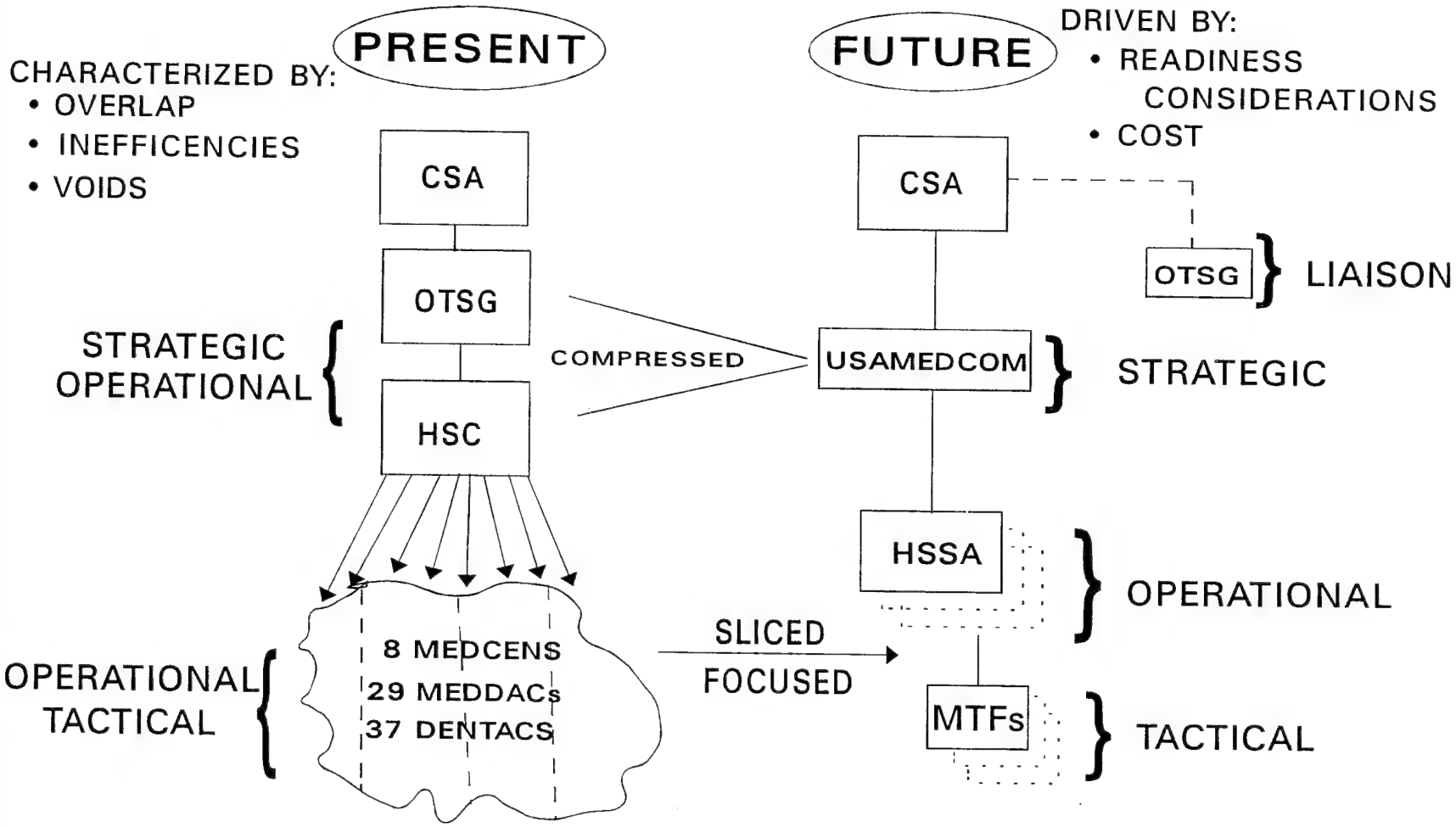
SURGEON GENERAL

TASK FORCE AESCULAPIUS EXPECTED TO ACHIEVE SIGNIFICANT SAVINGS.
DIRECT TSG TO REPORT RESULTS IN JULY 93.

AMEDD COMMAND & CONTROL ISSUES

- AUTHORITY NOT ALIGNED WITH RESPONSIBILITY
- REDUNDANT ORGANIZATIONS
- DUPLICATED MISSIONS AND FUNCTIONS
- STRATEGIC AND OPERATIONAL WORK MIXED AT SEVERAL LEVELS
- INAPPROPRIATE SPANS OF CONTROL
- GROWTH OF BUREAUCRACY

AMEDD REORGANIZATION PROPOSAL



TASK FORCE AESCULAPIUS

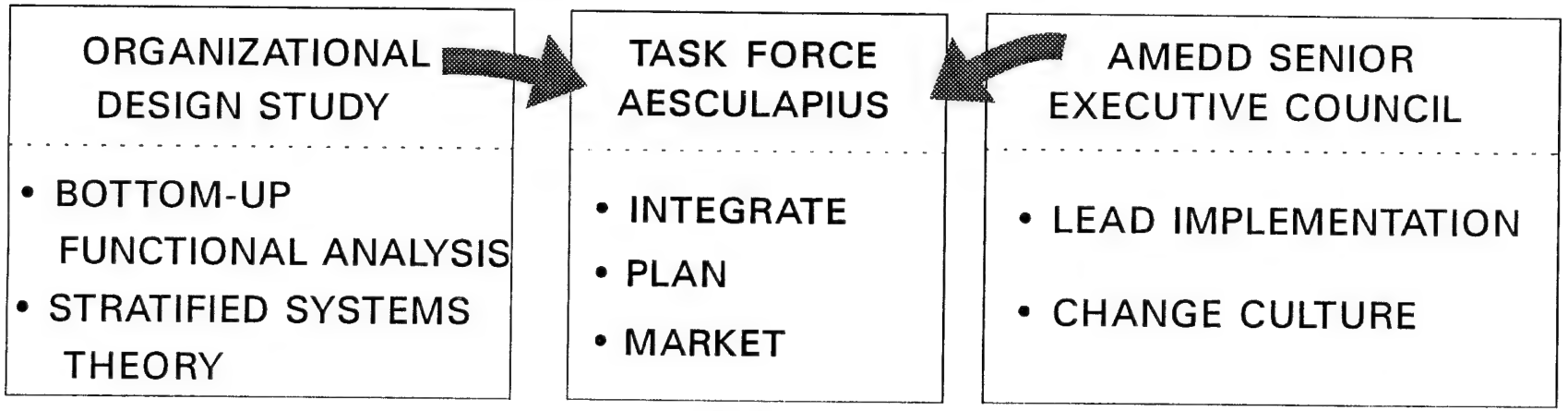
AMEDD REORGANIZATION OBJECTIVES

- "WORLD CLASS" COMBAT CASUALTY CARE
- HIGH QUALITY, COST EFFECTIVE HEALTH CARE FOR SOLDIERS, DEPENDENTS AND AUTHORIZED BENEFICIARIES
- FULLY INTEGRATED ARMY MEDICAL DEPARTMENT

ORGANIZATIONAL DESIGN PRINCIPLES

- ORGANIZE AROUND WORK
  - ▸STRATEGIC
  - ▸OPERATIONAL
  - ▸TACTICAL
- ESTABLISH CLEAR ACCOUNTABILITY AND AUTHORITY
- CONCENTRATE ON CORE BUSINESS
- FOCUS ON THE CUSTOMER

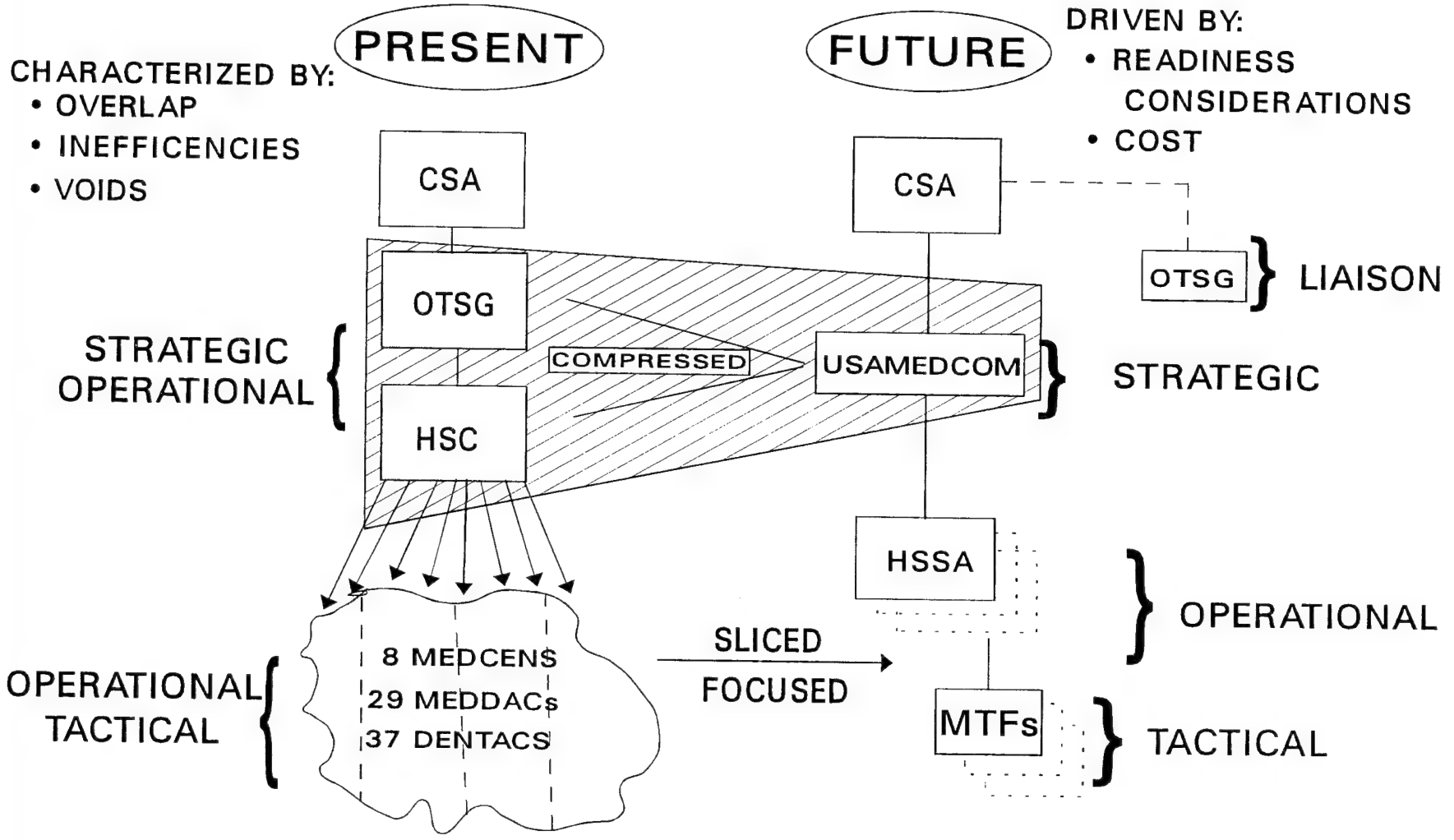
CHANGE AGENTS



GOAL:

- FULLY TRAINED, READY, DEPLOYABLE AMEDD
- HIGH QUALITY, AFFORDABLE HEALTH CARE

AMEDD REORGANIZATION PROPOSAL

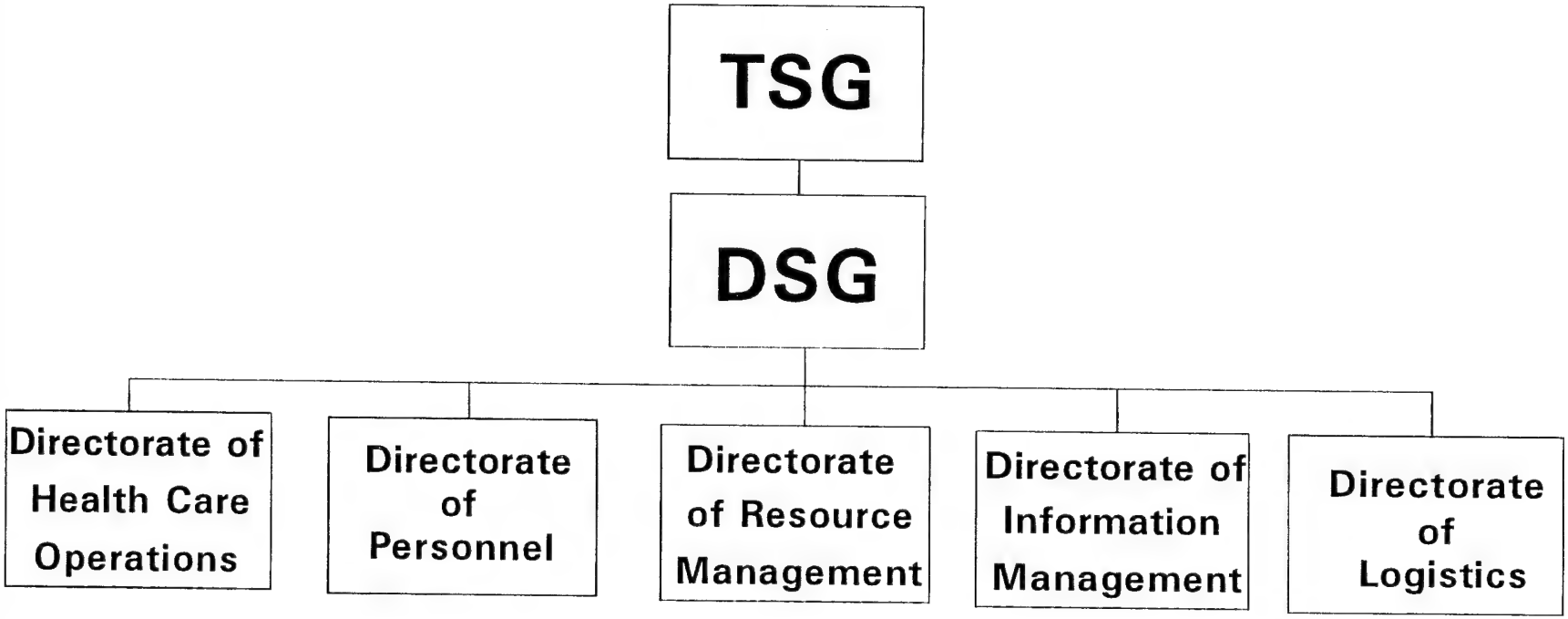


TASK FORCE AESCULAPIUS

OTSG MISSION

- ASSIST CSA AND SEC ARMY IN DISCHARGING TITLE 10 RESPONSIBILITY
- ADVISE AND ASSIST CSA AND SEC ARMY AND OTHER PRINCIPAL OFFICIALS ON ALL MATTERS PERTAINING TO THE MILITARY HEALTH SERVICE SYSTEM
- REPRESENT THE ARMY TO THE EXECUTIVE BRANCH, CONGRESS, DOD AGENCIES AND OTHER ORGANIZATIONS ON ALL HEALTH POLICIES AFFECTING THE AMEDD
- REPRESENT AND PROMOTE AMEDD RESOURCE REQUIREMENTS

PROPOSED OTSG ORGANIZATION



TOTAL AUTHORIZATIONS = 100

TASK FORCE AESCULAPIUS

AMEDD
COMMAND & CONTROL STRUCTURE

	AUTHORIZATIONS		
	1993		1997
OTSG	128	425	100
HPSA	297		

REDUCED PRESENCE IN NCR

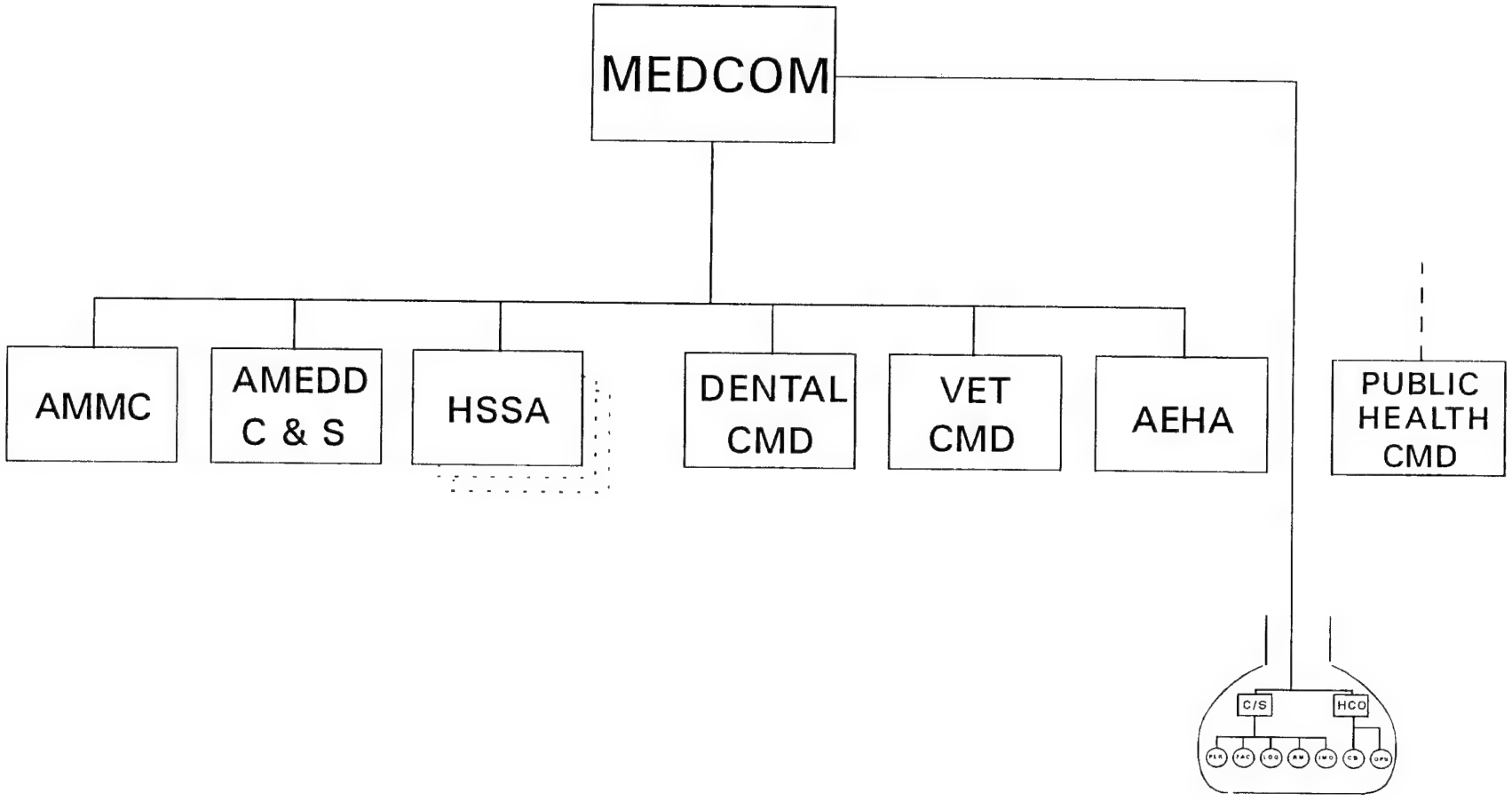
% CHANGE = -76.5%

TASK FORCE AESCULAPIUS

MEDCOM MISSION

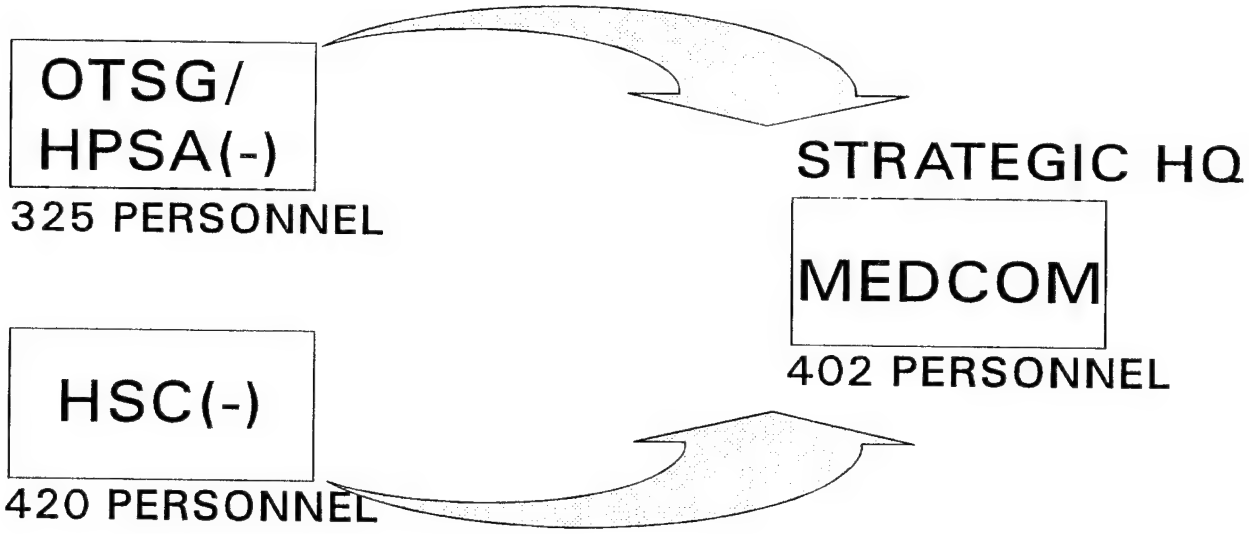
- COMMAND AND CONTROL OF WORLDWIDE ARMY HEALTH SERVICE SYSTEM
- PROVIDE VISION DIRECTION AND LONG RANGE PLANNING FOR THE AMEDD
- DEVELOP AND INTEGRATE DOCTRINE, TRAINING, LEADER DEVELOPMENT, ORGANIZATION, AND MATERIEL FOR THE ARMY HEALTH SERVICE SYSTEM
- ALLOCATE RESOURCES, ANALYZE UTILIZATION AND ASSESS PERFORMANCE WORLDWIDE

MEDCOM



TASK FORCE AESCULAPIUS

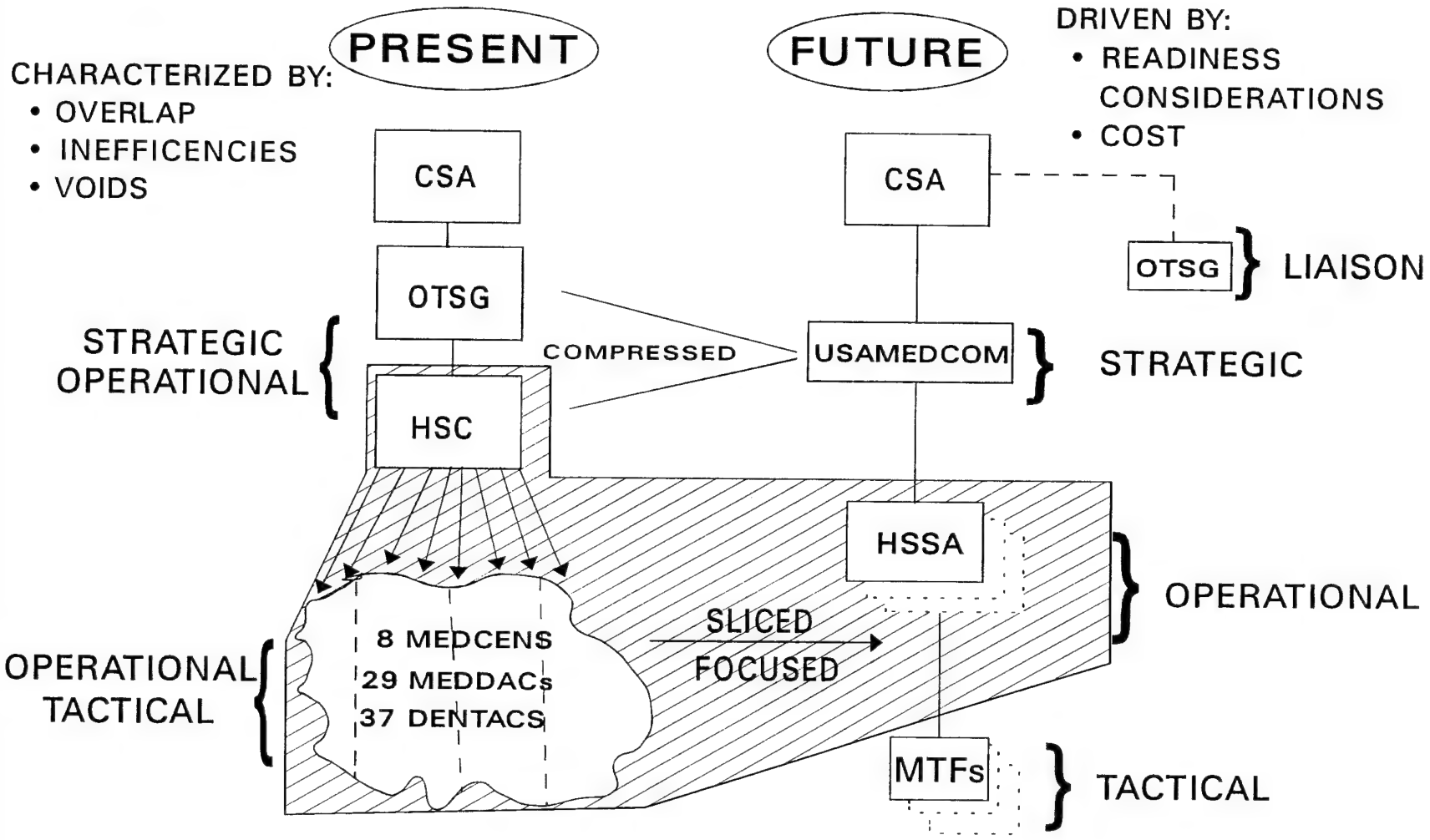
MEDCOM
STRATEGIC COMMAND & CONTROL



% CHANGE = -46%

TASK FORCE AESCULAPIUS

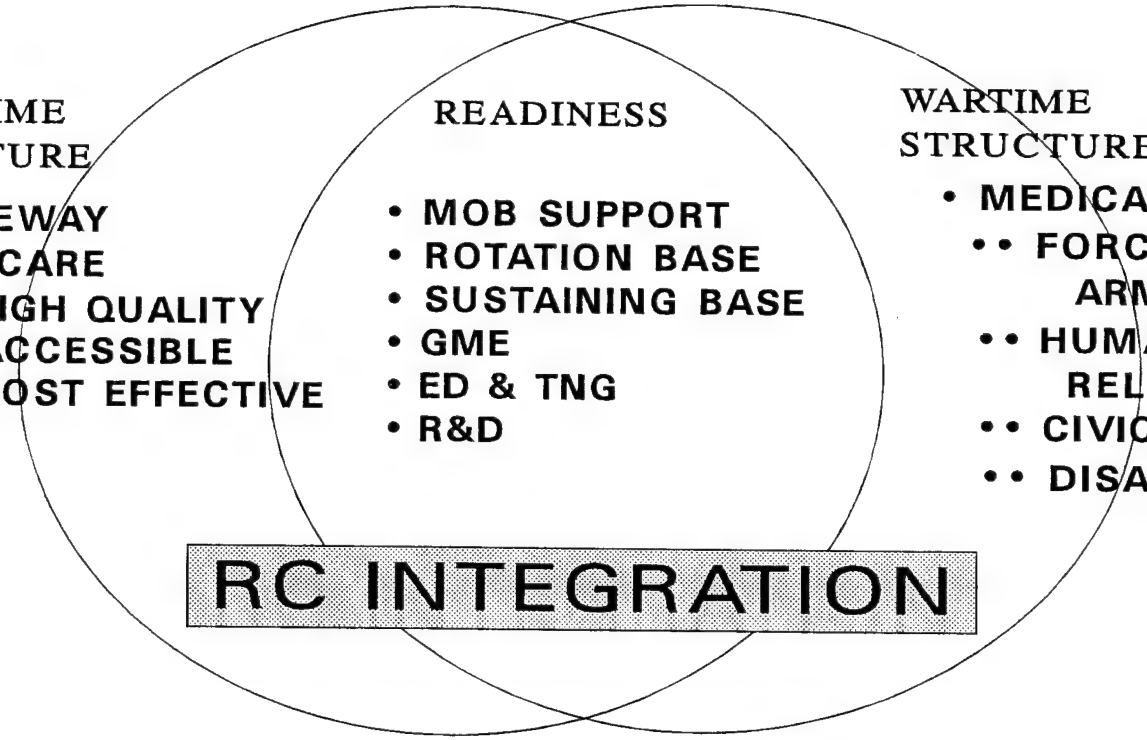
AMEDD REORGANIZATION PROPOSAL



TASK FORCE AESCULAPIUS

THE ARMY'S MEDICAL DEPARTMENT

ACCESSIBLE | DEPLOYABLE | ACCOUNTABLE



PEACETIME STRUCTURE

- GATEWAY TO CARE
  - HIGH QUALITY
  - ACCESSIBLE
  - COST EFFECTIVE

READINESS

- MOB SUPPORT
- ROTATION BASE
- SUSTAINING BASE
- GME
- ED & TNG
- R&D

WARTIME STRUCTURE

- MEDICAL SUPPORT TO--
  - FORCE PROJECTION ARMY
  - HUMANITARIAN RELIEF
  - CIVIC ACTION
  - DISASTER RELIEF

RC INTEGRATION

ONE AMEDD - AN INTEGRATED, ORGANIZED SYSTEM OF CARE

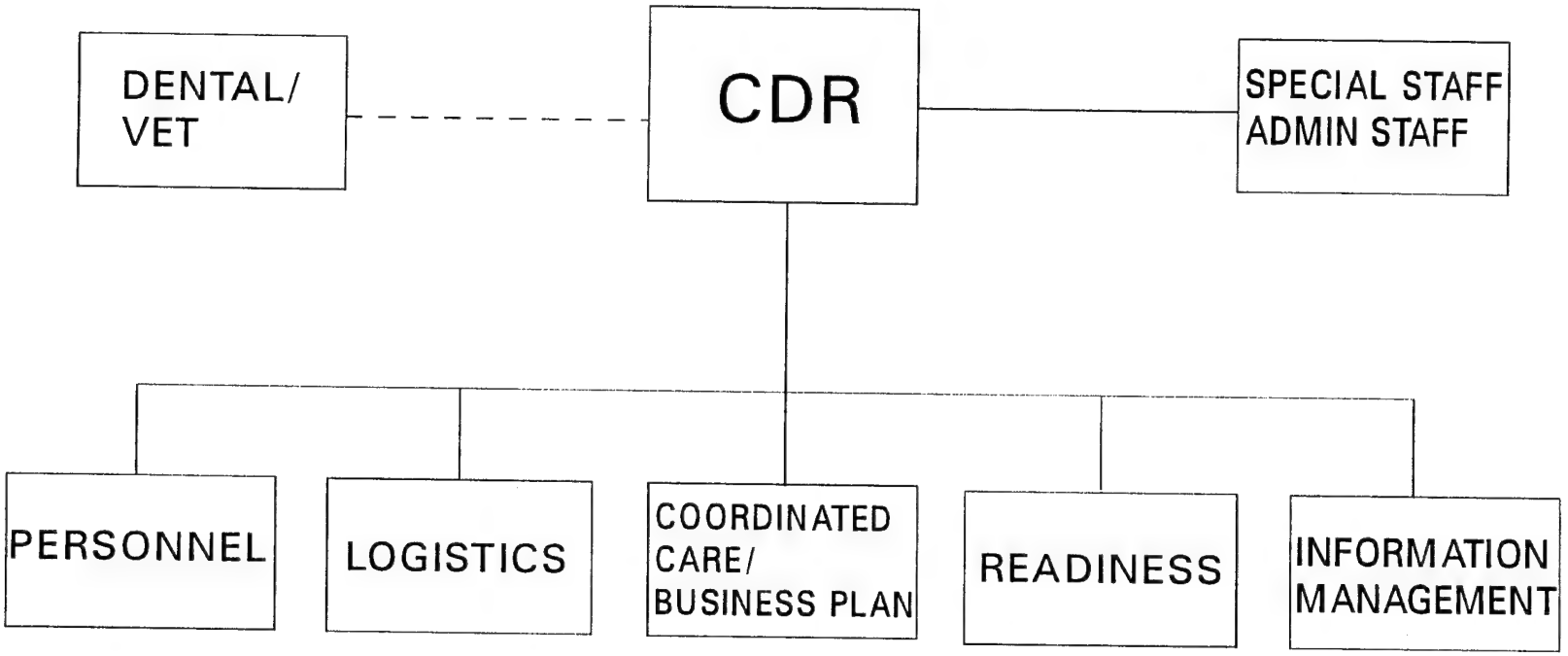
TASK FORCE AESCULAPIUS

HSSA MISSION

- REGIONAL COMMAND AND CONTROL OF A COST EFFECTIVE, MULTI-DISCIPLINARY, CUSTOMER-FOCUSED, QUALITY MILITARY HEALTH SERVICE SYSTEM
- SUPPORT THE READINESS REQUIREMENT OF THE TOTAL FORCE
- DEVELOP AND SUSTAIN TECHNICAL HEALTH CARE AND LEADER SKILLS IN SUPPORT OF USAMEDCOM READINESS GOALS IN AN INTEGRATED ARMY HEALTH SERVICE SYSTEM
- ALLOCATE RESOURCES, ANALYZE UTILIZATION AND ASSESS PERFORMANCE ACROSS THE HSSA

TASK FORCE AESCULAPIUS

HEALTH SERVICE SUPPORT AREA HQ

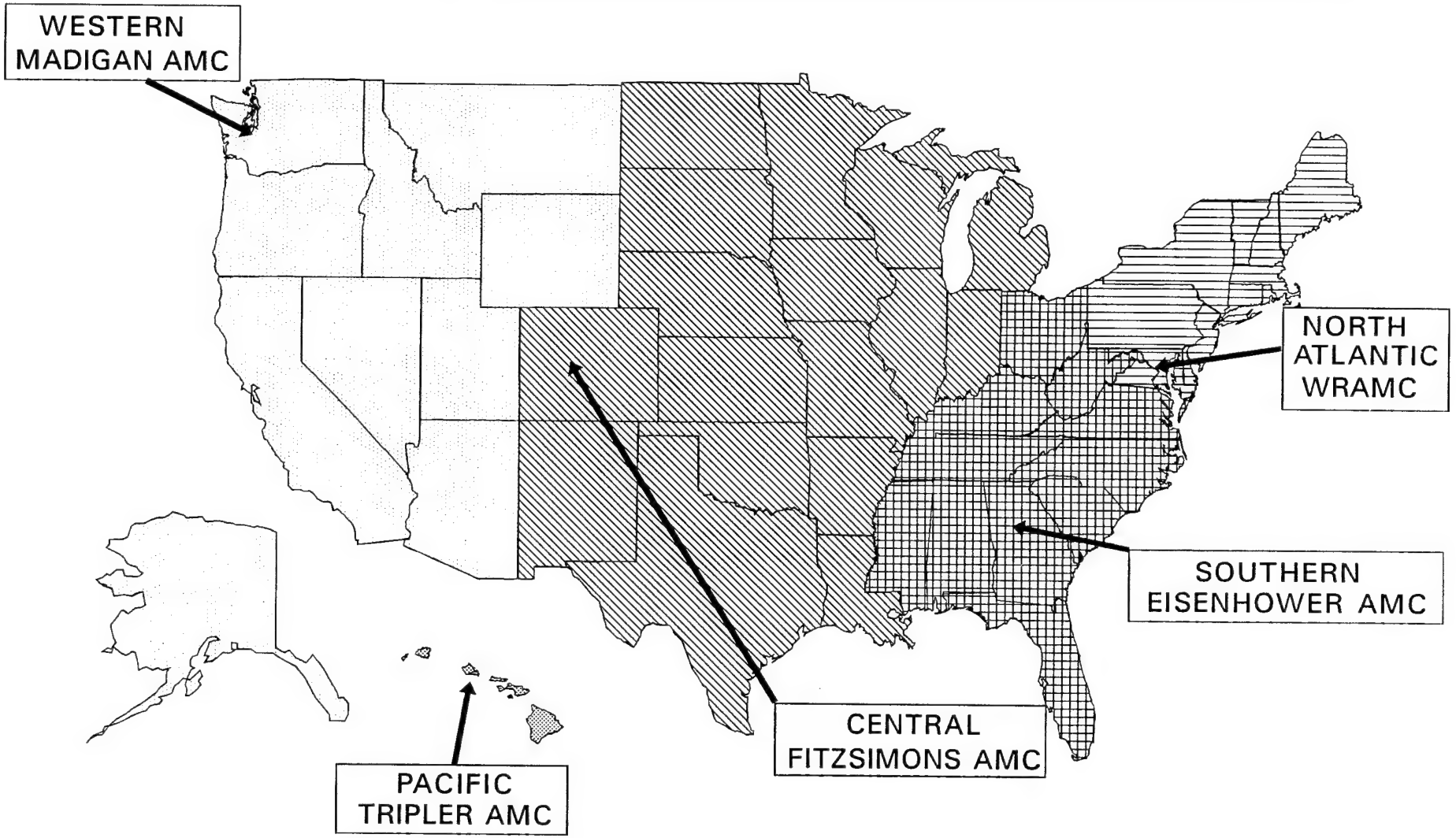


(DESIGNED TO MEET LOCAL MARKET CONDITIONS)

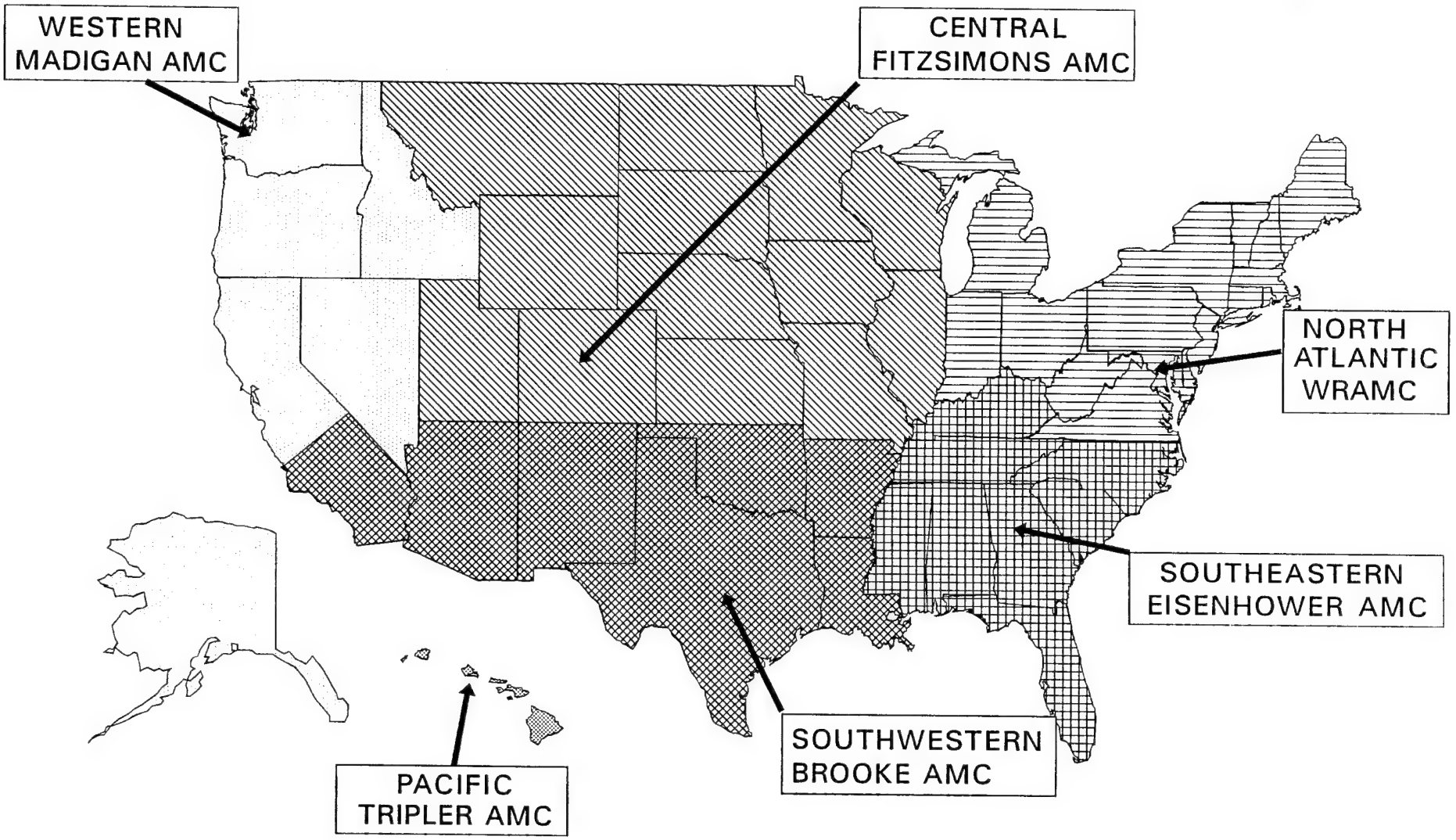
TOTAL APPX 28

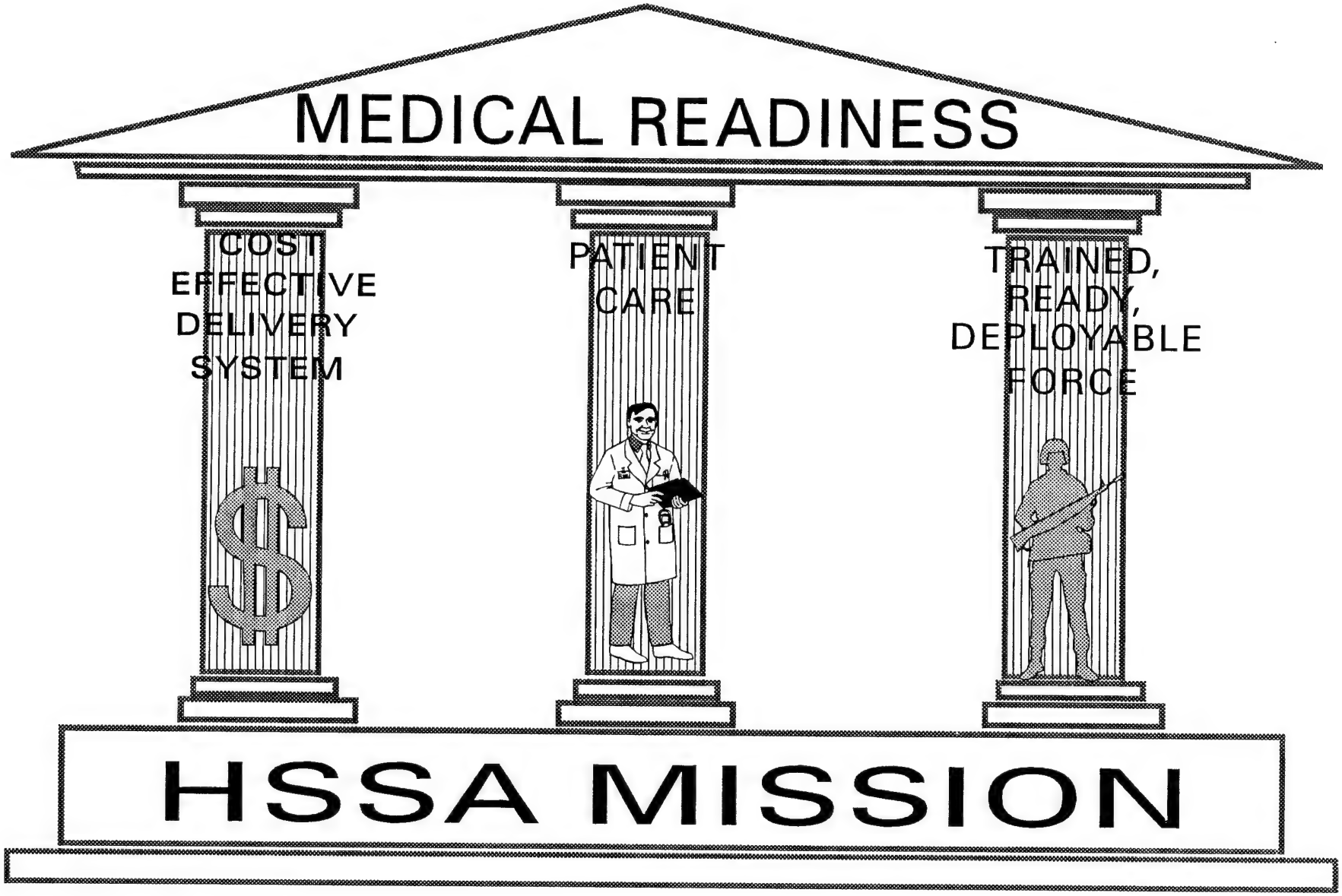
TASK FORCE AESCULAPIUS

HEALTH SERVICE SUPPORT AREA CONCEPT
TASK FORCE AESCULAPIUS



HEALTH SERVICE SUPPORT AREA CONCEPT
TASK FORCE AESCULAPIUS





TASK FORCE AESCULAPIUS

AMEDD HSSA READINESS ACTIONS

- OPTIMIZE DAILY UTILIZATION OF TOE-TDA MEDICAL ASSETS, ACTIVE AND RESERVE
- INTEGRATE AC-RC TRAINING AND MOBILIZATION REQUIREMENTS
- BUDGET AND DEFEND MEDICAL READINESS COSTS
- ALLOCATE MEDICAL READINESS FUNDS
- PRE-PLAN MTF BACKFILL DURING DEPLOYMENT
  - •• EXPAND NETWORK COVERAGE
  - •• SHIFT HSSA ASSETS
  - •• COORDINATE RC COVERAGE

TASK FORCE AESCULAPIUS

AMEDD HSSA READINESS ACTIONS
(CONTINUED)

- INSURE ARMY MEDICAL READINESS REQUIREMENTS INTEGRATED INTO DOD HEALTH CARE REGIONS
- PRACTICE MTF MOBILIZATION - BACKFILL - DEPLOYMENT ACTIONS
- ESTABLISH PREPARATION PROGRAMS FOR WORLDWIDE CONTINGENCY OPERATIONS
- SPONSOR READINESS-BASED CLINICAL RESEARCH
- FREE COMMUNITY HOSPITAL COMMANDER TO CONCENTRATE ON LOCAL ACCESS - QUALITY - COST ISSUES

TASK FORCE AESCULAPIUS

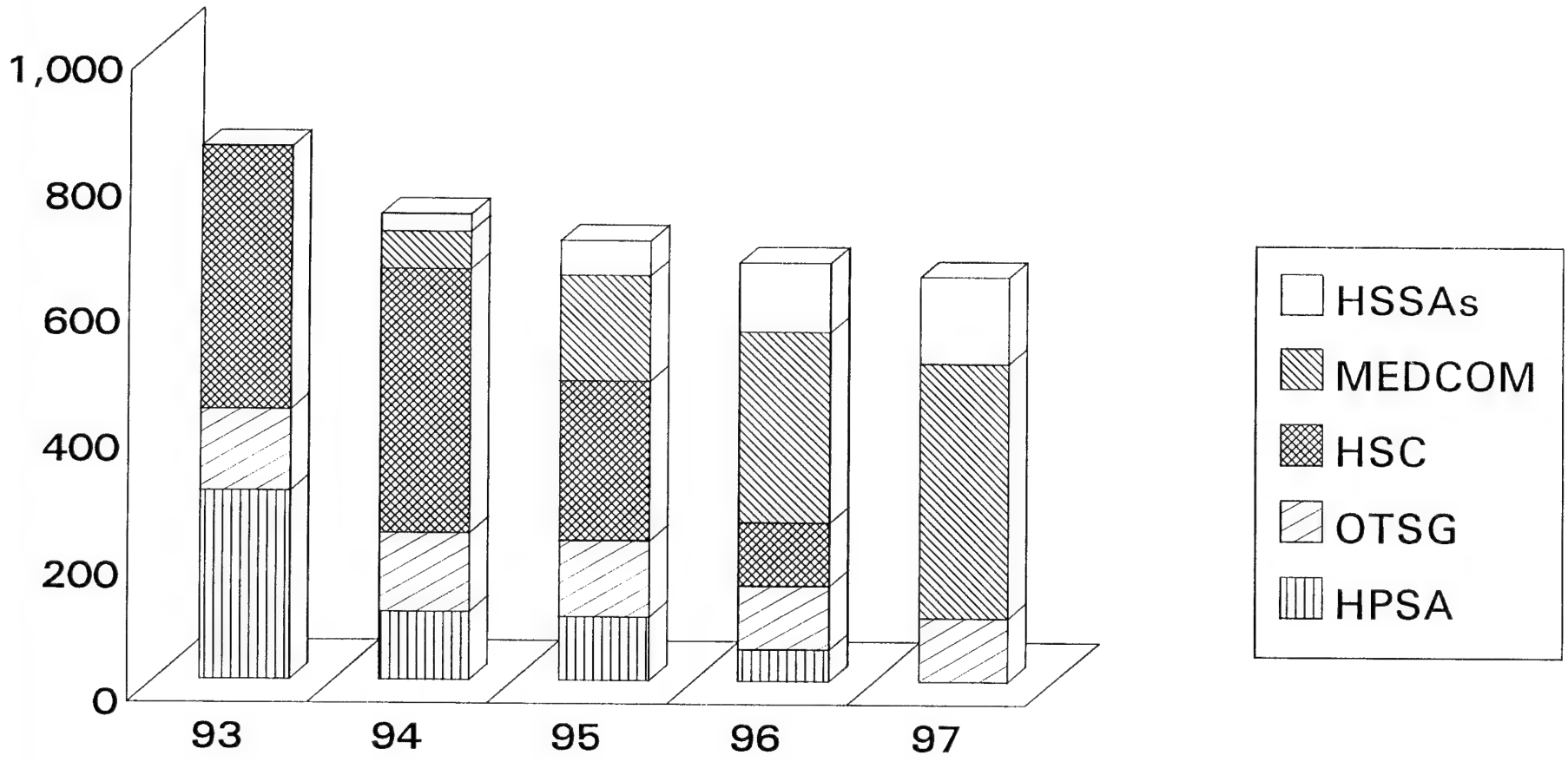
AMEDD
COMMAND & CONTROL STRUCTURE

	AUTHORIZATIONS		
		1993	1997
OTSG	128	425	100
HPSA	297		
HSC		384	0
DENCOM		12	12
VETCOM		24	24
MEDCOM		0	402
HSSAs (REGIONS)		0	140
TOTAL		845	678

% CHANGE = -19.8%

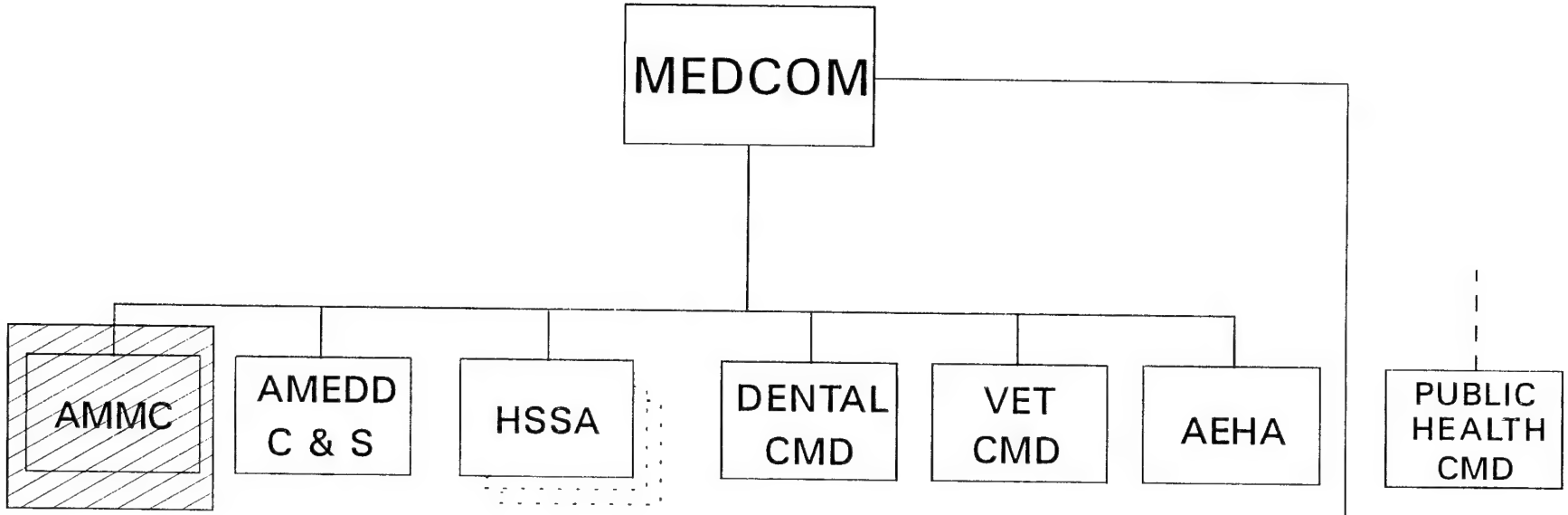
TASK FORCE AESCULAPIUS

COMMAND & CONTROL TRANSITION



TASK FORCE AESCULAPIUS

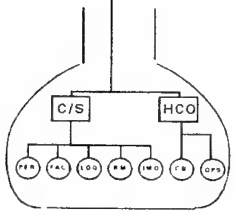
MEDCOM



AUTHORIZATIONS
AUDIT TRAIL - MRDC/AMMC

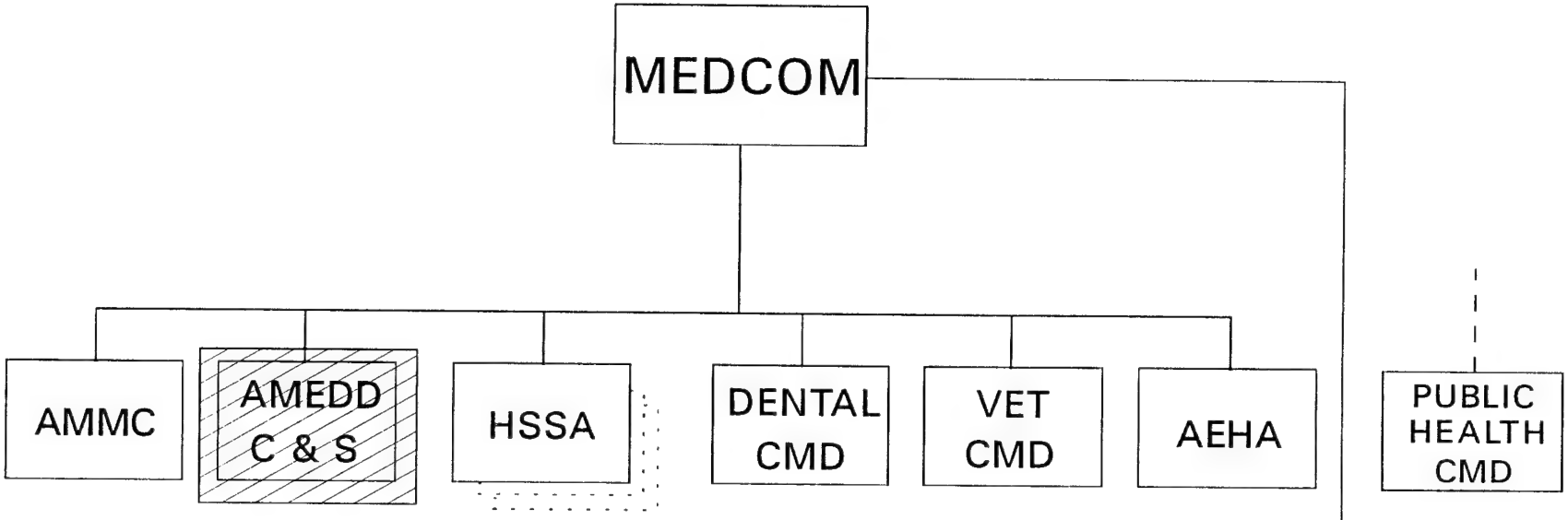
	1993	1997*	1997 {w/FOAs}
MRDC/AMMC:	2623	2412	2815
USAMMA			{223}
HFPA			{39}
HSCAA			{141}

* Reflects HQDA Programmed Downsizing



TASK FORCE AESCULAPIUS

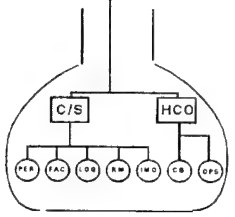
MEDCOM



AUTHORIZATIONS
AUDIT TRAIL - AMEDD C&S

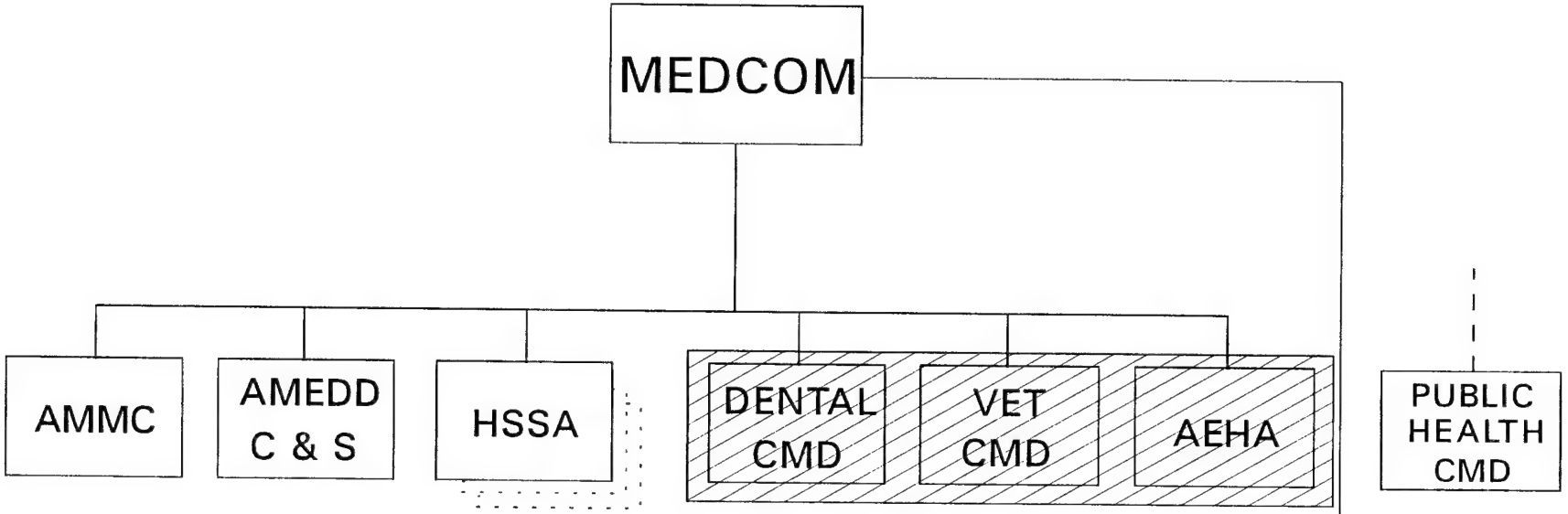
	1993	1997 *	1997 {w/FOAs}
AMEDD C&S:	2644	2058	2508
PASBA	{88}		{77}
HCSSA	{336}		{336}
HCSCIA	{38}		{37}

* Reflects HQDA Programmed Downsizing



TASK FORCE AESCULAPIUS

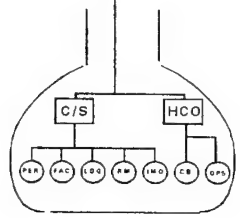
MEDCOM



AUTHORIZATION AUDIT TRAIL

	1993	1997
DENTAL	12(HSC)	12(CMD)
VET	24(HSC)	24(CMD)
AEHA**	545(FOA)	644(CMD)

**Reimbursable manpower growth



TASK FORCE AESCULAPIUS

CHANGE IN AMEDD FOAs

	AUTHORIZATIONS 1993	AUTHORIZATIONS 1997	NOTES
OTSG:			
HPSA	297	0	
MRDA	2684	0	AMMC
HFPA	39	0	
USAMMA	223	0	
HSC:			
AEHA	545	0	PUBLIC HEALTH COMMAND
HCSCIA	37	0	
HCSSA	341	(336)	TO AC&S PENDING IMO STUDY
HSCAA	141	0	
PASBA	92	0	
DHCMMS	78	0	

TASK FORCE AESCULAPIUS

CHANGE IN AMEDD FOAs

	AUTHORIZATIONS 1993	AUTHORIZATIONS 1997	NOTES
JOINT FOAs:			
AFIP	363	358	PROGRAMMED CHANGE
DMSB	17	17	
AFPMB	13	13	
ASBPO	4	4	
JAAFML	3	3	
AFEB	2	2	

IMPLEMENTING CONSIDERATIONS

- ARSTAF CULTURE CHANGE
- RETURN TO THE PENTAGON
- 733 STUDY & BOTTOM-UP REVIEW
- HEALTH CARE REFORM
- WORLDWIDE SCOPE - OCONUS INTEGRATION
- INTEGRATION OF AMEDD TOE/TDA/RC ASSETS

AMEDD DRAWDOWN IMPACT

- ARMY -33%
- BENEFICIARIES -16%
- WORKLOAD -14%
- AMEDD MIL -22%
- AMEDD CIV +8%

NO SHELL GAMES

TASK FORCE AESCULAPIUS

RESULT OF AMEDD RESTRUCTURING

- STREAMLINED COMMAND & CONTROL STRUCTURE
- CLEAR LINES OF AUTHORITY
- CORRECT MISSIONS (WORK) DONE AT PROPER LEVELS
- READY FOR THE FUTURE:
  - • PROTECT AND SUPPORT MTF COMMANDERS AND THEIR ARMY FAMILIES
  - • IMPROVE MEDICAL READINESS THRU STRONG TOE-TDA-RC INTEGRATION
  - • EFFECTIVE RESPONSE TO DOD(HA) AND NATIONAL HEALTH CARE REFORM INITIATIVES

TASK FORCE AESCULAPIUS

SUMMARY

- SENIOR AMEDD OFFICER IN COMMAND
- REDUCED NCR PRESENCE 76.5%
- ELIMINATED FOAs
- REDUCED HQ AUTHORIZATIONS 19.8%
- UNCOVERED ALL ASSETS
- ORGANIZED FOR FUTURE

TASK FORCE AESCULAPIUS

ENCLOSURE 9

DEPARTMENT OF THE ARMY
OFFICE OF THE SURGEON GENERAL
5109 LEESBURG PIKE
FALLS CHURCH, VA 22041-3258

DASG-TT

REPLY TO
ATTENTION OF

- 2 DEC 1993

MEMORANDUM FOR AMEDD Stakeholders

SUBJECT: Charter for Task Force Aesculapius II (TFA II)

I. MISSION: Assist The Surgeon General in developing a world class combat casualty care system, with the necessary sustaining base, by promoting and actively monitoring the implementation of the newly designed Medical Command including transition of the Office of The Surgeon General, Health Services Command, and Major Subordinate Commands (MSCs).

II. AUTHORIZATION, RESPONSIBILITY, ACCOUNTABILITY AND AUTHORITY:

A. AUTHORIZATION: The MEDCOM Commander/The Surgeon General of the Army

B. RESPONSIBILITY:

1. Assist TSG/MEDCOM Commander in completing the AMEDD reorganization.
2. Develop a detailed master plan from the general Task Outline (Encl) and oversee implementation for the MEDCOM, including all MSCs.
3. Proactively engage all key elements of the AMEDD in the process of transition to conform to the structure of the requisite organization.

C. ACCOUNTABILITY:

1. Validate mission and functions for the OTSG, MEDCOM, and all MSCs.
2. Identify the key outputs of the MSCs in the reorganized MEDCOM.
3. Analyze and advise on the critical systems, processes, and functions that sustain the new organization.
4. Integrate critical technological advancements into the transition.
5. Promote a change of culture that supports the values, goals, and objectives of the new MEDCOM.
6. Monitor and document progress of a detailed plan of the hand-off and roll-over of organizational functions and development of revised systems.

D. AUTHORITY: In carrying out the above responsibilities, TFA II has tasking authority thru AMEDD Commanders. Major General Commanders retain coordinating authority to delay actions pending TSG review.

III. ADMINISTRATIVE SUPPORT: OTSG and MEDCOM staff.

IV. SUPERVISORY AND COMMUNICATION CHANNELS:

A. TFA II is accountable to the MEDCOM Commander/TSG.

B. Direct communication is authorized with internal/external stakeholders.

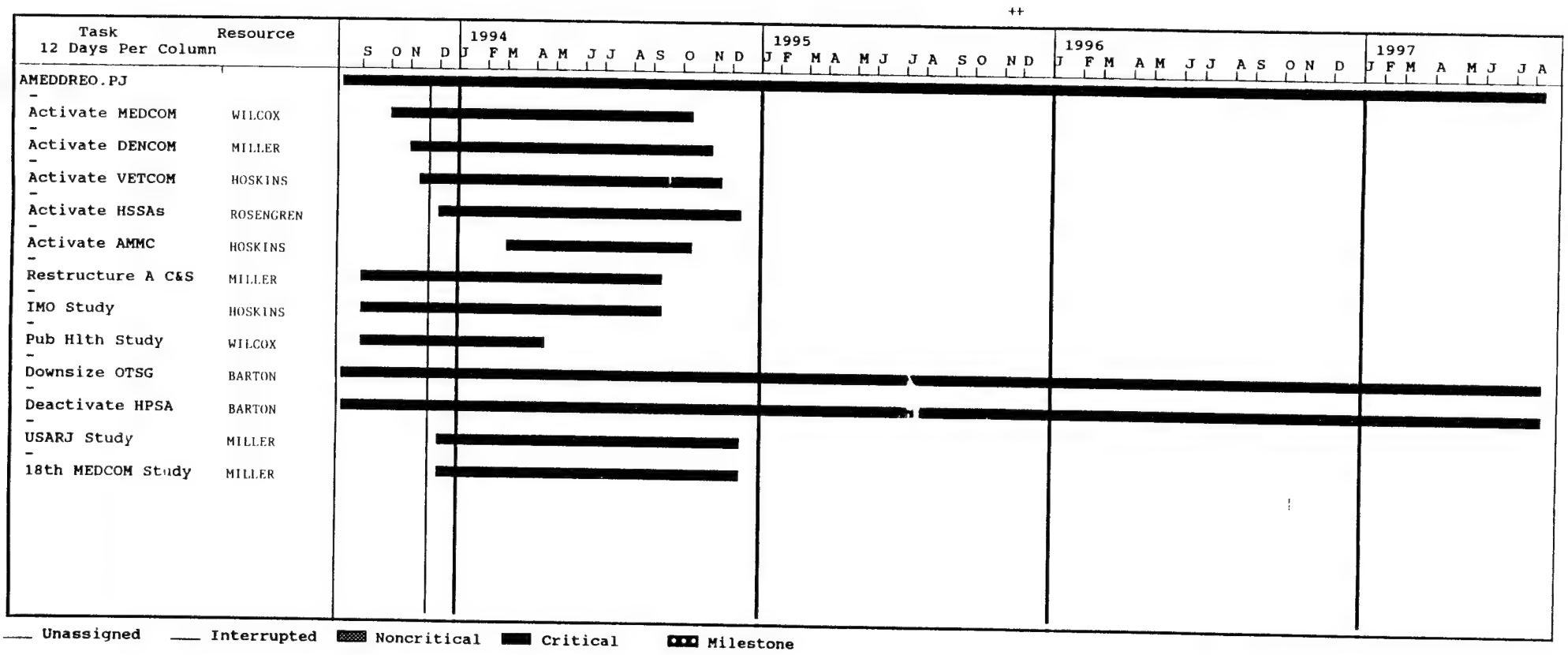
V. APPOINTMENT: The following personnel are appointed to TFA II: BG Russ Zajtchuk, MC; COL Douglas Barton, MS; COL Osvaldo Bustos, MC; COL Mary Messerschmidt, AN; COL John Miller, DC; COL John Wilcox, MS; LTC Clyde Hoskins, VC; MAJ James Rosengren, MS; CPT Peter Shaul, MS.

VI. TERMINATION AND REVIEW: TFA II terminates with the activation of the Medical Command and hand-off of its functions to the Strategic Business Office.

Encl

ALCIDE M. LANOUE
LIEUTENANT GENERAL
The Surgeon General

Task Outline
11-22-93 8:42a



TASK FORCE AESCULAPIUS

PHASE II MEMBERS *

- BG RUSS ZAJTCHUK, MC
- COL/BG STEPHEN XENAKIS, MC
- COL MARY MESSERSCHMIDT, AN
- COL JOHN MILLER, DC
- COL JOHN WILCOX, MS
- COL DOUGLAS BARTON, MS
- LTC CLYDE HOSKINS, VC
- MAJ JAMES ROSENGREN, MS
- MAJ HOWARD SCHLOSS, AN
- MAJ PETER SHAUL, MS

* TERMS OF SERVICE VARIED FOR INDIVIDUAL MEMBERS

ENCLOSURE 10

U. S. ARMY
HEALTH CARE SYSTEMS SUPPORT ACTIVITY
(HCSSA)

OVERVIEW

I. Background:

Health Care Systems Support Activity (HCSSA) is a 250 (approximate) person organization composed primarily of information technologists and associated management and support staff. The activity refers to itself as the U.S. Army Medical Command "Center of Excellence for Information Technology". It began operations as a separate organization in October, 1977. Prior to that, it was combined with the Patient Administration and Biostatistics Activity (PASBA) to constitute the U.S. Army Health Information Systems and Biostatistical Agency. HCSSA currently constitutes one of the few broad based nuclei of information technology (IT) expertise that can truly be considered an AMEDD - wide corporate asset. As such, it is a key and essential element in helping the AMEDD win the information war.

The primary missions of HCSSA are:

- to produce, implement and maintain automated medical systems for the Army worldwide
- to produce, implement and maintain data, voice and satellite communications for the MEDCOM
- local area network design, installation and support
- video teleconferencing
- training and consultancy

HCSSA is comprised of many highly talented experts in several of the various IT disciplines such as application programming, computer systems, communications systems, data base management, tactical information systems, and others. A small number of functional customers of IT are also assigned to the organization. These include nurses, a dentist, medical technicians and resource managers. Direct expenditures of the activity are approximately $12 M annually which is used to support a wide variety of medically related automated information systems worldwide. A small sampling of the systems support include: Dental Workload Reporting System, Hospital Formulary System, Spectacle Request Transmission System, MEDSTOC, AMEDD Property Accountability System, Health Risk Appraisal System, MEPRS and Theater Army Medical Materiel Information System. The activity is also heavily involved in implementation of LANs and, eventually a wide-area network throughout the MEDCOM.

In July 1993, HCSSA was downsized in accordance with AMEDD wide personnel reduction goals. As a direct result of these staffing cuts, HCSSA initiated an organizational "reinvention" project. The model chosen for their project was that of self-directed teams. The activity is presently in the final stages of physical relocation in its reorganization process and will not have an initial assessment of the effectiveness of the new structure for several months.

One of the principle items providing impetus for the reorganization was a perceived lack of customer focus. This may have been at least partially due to perceptions of no organized decision making processes focused on prioritizing projects supported by the activity. With a breakdown in coordinated business process planning, an atmosphere conducive to perpetuating "pet" projects, while ignoring new or higher

priority work may have developed. Improving internal business planning processes was an essential goal of the reinvention project.

It must be noted, however, that from a theoretical organizational design perspective, self-directed teams tend to facilitate continued uncoordinated corporate planning. This is reflected in the absence of the basic properties of accountability and authority which, when combined, serve to define the nature of working relationships. Knowing precisely what work a person is being held accountable for and defining the authority associated with each accountability establishes the basic foundation for working interactions. Lack of clarity regarding the accountabilities and authorities assigned to a given role is a major source of conflict between people as they try to work together. Self-directed teams are frequently touted as being motivational for individual employees, but they can easily blur lines of authority. How HCSSA manages this seeming incongruity will be interesting to follow in future assessments.

II. Theme: HCSSA has recently reorganized itself around self-directed work teams to continue to provide high quality, value added service to its existing customer base.

III. Findings:

- HCSSA lost 37 upper and middle level management personnel in a recent downsizing initiative.

- HCSSA reorganized into self-directed teams in order to cope with these personnel losses.

- HCSSA provides a wide variety of information related services to the MEDCOM.

- There is a widespread perception among MEDCOM personnel that HCSSA consists of technically oriented staff who have little appreciation for meeting customer- based information requirements.

- No strategic information plan exists within the MEDCOM.

- Funding for most HCSSA projects is obtained directly from MEDCOM headquarters and not from the customer base.

- The internal reorganization has had a minimal impact on some teams - they continue to work on the same projects.

- There is confusion among AMEDD personnel as to what types of information services they need - many complain about existing products/services e.g. CHCS, but these same individuals provide little or no definition of requirements.

- Some HCSSA personnel report that the self-directed teams lack focus and are not functioning effectively.

- HCSSA has no apparent understanding of the costs associated with providing a given service and thus what price to charge a given customer.

- Most AMEDD personnel feel that the information field is in disarray and that little or no value-added support is being provided.

IV. Issues:

1. What is the best way to organize HCSSA to meet customer needs?

2. Is the service provide by HCSSA value-added and cost effective?

3. What is the most effective way for the MEDCOM to procure and deliver information related services: design and staff an organic information service activity, contract externally for such services, or rely on a combination of the above two strategies?

V. Discussion:

The information functional area receives more interest and generates more adverse reaction than any other functional area within the AMEDD. There is an almost universal perception that the entire information field is "broken". Yet, most personnel within the AMEDD recognize that "winning the information war" is a central challenge as the Army implements Force XXI doctrinal changes. This widespread frustration among AMEDD personnel has been specifically directed at HCSSA and other AMEDD information activities. In the original analysis and design of the MEDCOM, it was decided not to conduct an in-depth analysis of the information functional area because the Deputy Chief of Staff for Information (DCSIM) had recently initiated a major study of the field by an outside contractor. It was recognized, at the time, that this would be a multiyear study.

However, since information applications were so central to the AMEDD reorganization, it was also decided to embark on a short term study of customer needs and perceptions. The short-term study was completed in the summer of 1994. The results of the short term study were predictable. Most customers were unhappy with the nature and quality of support being provided by the information community. Many customers felt that existing information personnel were totally uninformed about the type of information required to run a health care organization. Customers believed that existing support/service staff were so technically focused that they were unable to effectively communicate with the customer base. At the same time, Health Affairs was heavily involved in implementing a common information system (CHCS) throughout the entire DoD health care system. Many customers believed this system (CHCS) to be unwieldy, outdated and too expensive.

While the short term study reflected much criticism regarding the information field, it was also obvious that the customer base shared partial responsibility for the negative outcomes. For example, customers, while quick to criticize existing systems and support levels, neither understood their needs nor clearly articulated them to the information specialists. In many cases, health care staff did not even know what type of information was currently available to them (e.g. MEPRS data). Thus, responsibility for the perception that the AMEDD information functional area is in disarray should by shared by both customers and functional experts alike.

Results of the long term study were recently made available. Generally, these results reinforced the earlier conclusion that information personnel need to improve their overall customer focus. It was suggested that a number of account representatives be appointed to improve the quality of communication between the customer base and

information support staff. No other dramatic or far- reaching recommendations appeared in the long term study report.

Much day-to-day information related support is provided by HCSSA. As reportedly previously, HCSSA recently reorganized around self-directed teams in order to better provide such support. With its reinvention initiative, HCSSA has taken a bold step in trying to fix itself and become more responsive to the IT needs of the MEDCOM. During interviews of the activity's employees, there were many positive comments. Predictably, there were also negative comments. Due to the timing of the reorganization project and this organizational design review, there is no reliable way to ascertain the effectiveness of the new organization at the present time. Proof of success or failure will develop over the next few months as customer reaction accumulates.

Existing perceptions of the quality of support provided by HCSSA are essentially negative. Many AMEDD personnel believe that the support is too technical, does not meet customer needs, and that it is too difficult to communicate with existing staff personnel.

The overall finding of the TFA task force also concluded that HCSSA was not customer focused and that the quality and value-added nature of its services continued to be questioned. Further, the reorganization into self-directed teams was not improving the overall effectiveness of that service. For example, prioritization of project work and the effectiveness of the business planning process continued to be a problem.

While some of the breakdown in business planning can be attributed to internal HCSSA factors and practices, it is also indicative of a systemic, AMEDD-wide information resource management (IRM) problem. The systemic problem is beyond the scope of HCSSA. It is mentioned here because of the issue of the CIO, the MEDCOM DCSIM and AMEDD-wide "corporate assets", such as HCSSA, PASBA, portions of the Center for Health Education Studies, and the Ft. Detrick Directorate of Information Management are inextricably entwined much like King Gordius' knot.

Given the nature of the above discussion, a central issue facing the AMEDD is how best to meet internal information service and support needs. Should HCSSA be given an opportunity to fix the problems associated with its reorganization or should the MEDCOM consider contracting out for all necessary information services? A third option also exists and that is to employ a combination of both of the above described options provide some internal support while simultaneously increasing the amount of outside contractual support. This latter option would lead to further downsizing of HCSSA.

No one questions that some of the support currently being provided by HCSSA is of value, hence contracting the entire activity out does not seem to make good business sense. However, the only true way to determine whether or not a service is cost effective is to require customers to pay for that service. As long as a service activity is provided its own operating budget customers tend to ignore the costs associated with the provisioning of such services. Thus, most (or all) of HCSSA's budget should be provided by the customer base. If customers are unwilling to pay for a given level of services then that service should be eliminated. Therefore, it is recommended that the MEDCOM change the flow of money to HCSSA - the money

should go to the major subordinate commands who in turn provide funding for information related services, as required.

Initially, the CIO position was created to fix the myriad of problems associated with the information functional area. Many problems continue, although in fairness the CIO position has been in existence less than two years. Nonetheless, if "winning the information war" is a prime objective of the MEDCOM, it should seriously revisit the issue of how best to organize to meet that objective. The current strategy reflects a series of disparate organizational elements focused on meeting a variety of customer needs. No overall corporate information strategy exists.

Some existing information focused activities have been operating for years with minimal analysis as to their overall cost effectiveness (e.g. PASBA, HCSSA etc.). The CIO position was created to integrate the diverse information activity and to provide a clear blueprint for the future. To date this has not occurred. Perhaps one reason why more progress has not occurred, is that the work of integration and planning is sufficiently complex that it warrants general officer leadership. If the AMEDD is really serious about "winning the information war," a separate general officer led task force should be established. Such a task force should be dominated by non-information oriented staff and challenged with developing a long-range health care focused information plan. All existing information activities should be integrated into this task force and the task force should determine how many, if any, existing services should be contracted.

VI. Recommendations:

1. Establish a general officer led task force to develop a long-range health care focused information plan and to integrate existing diverse information support activities into a comprehensive value added, cost effective organization.

2. The MEDCOM should change the flow of funding for all service related activities. Customers should be required to pay for such services. Such a change should be phased in over a five year period e.g. 20% transfer per year.

3. Required internal fixes to the HCSSA organization should be implemented immediately.

4. The MEDCOM should consider reducing the aggregate size of the existing information support activities.

U.S. Army Health Care Systems Support Activity Staff

I. BACKGROUND:

Historically, the U.S. Army Health Care Systems Support Activity (HCSSA) was organized in the traditional way with a Commander, Deputy Commander, Division/Office and Branch Chief structure. In July 1993, the Activity was downsized in accordance with AMEDD-wide personnel reduction goals. Thirty-seven upper and middle level staff elected to take early retirement as part of this downsizing effort. These spaces were abolished and subsequent recruiting actions were prohibited by law from filling these positions. The loss of this many managers severely strained the organization and necessitated a new way of doing business. The Command group elected to rebuild the Activity around self-directed work teams.

II. THEME: Organizing around self-directed teams was intended to produce more productivity, a better customer focus, and an increase in overall effectiveness.

III. FINDINGS:

A. HCSSA is made up of three different types of self-directed work teams; home teams, temporary project teams, and a special corporate project team (TAMMIS). These teams are either project-related, functional, or customer focused teams. Home teams are permanent and project teams exist for the duration of a given project. Each member of a project team also belongs to a home team which they return to upon completion of a given project.

B. The self-directed work teams were constructed by the Transition Team (e.g. the remnants of the former command group). Individual team members were selected from various skill sets and multiple grade structures. Existing HCSSA personnel were given the opportunity to complete a skills survey assessment in which they were able to identify three areas where they would like to be assigned, in order of preference, and according to their skills.

C. Requests for projects flow into the Activity thru the Business and Executive Support Team. The request is then forwarded to the Business Analyst Team (BAT) 1 or 2 where a Business Analyst (BA)is assigned. The BA performs a business analysis, finds out exactly what the customer wants, and forms a project team. To date, project teams have been formed by requesting volunteers. Volunteers are further narrowed down by the team Business Coordinators (BC)s as to their availability to take on new project work and the specific skills required therein.

D. Only a couple of new project teams have been formed under the new self-directed team structure. Most of the project teams have been working together for years. Each project team has an elected team leader which is separate from the home team BCs.

E. The MEDCOM Admin Support Team is made up of individuals transferred from the DCSIM to HCSSA's TDA. There are currently three 334 series (Computer Specialists) who have also been transferred to the HCSSA TDA who have not yet been placed in the new team environment. They are currently still assigned to their DCS' at the MEDCOM. A GS-04 clerk, who also belongs to HCSSA, is assigned to DCSPER to type award certificates for the MEDCOM.

F. Home teams elect a BC to represent the team when circumstances so require. The BC is responsible for the day-to-day administrative functions of the team, i.e., STARCIPS (timekeeping), DD 1556 (Request for Training), DD 1610 (Request for TDY), and SF 71 (Request for Leave). They also function as the pipeline for the flow of information from the Work Force Improvement (WFIT) and BC Working Group Teams to their respective team members. It has been reported by some of the technical personnel serving as team BCs that they are spending too much time on administrative duties pertaining to their team.

G. Teams are without a coach and it is the feeling of some team members that there is no clear direction and no accountability for the completion of tasks. There is no clear understanding of who sets the priorities for the team.

H. Some individual team members perceive inequitable output among the members. There is no accountability for output nor is there an expectation of team output.

I. A supervisory level has been re-established in the Activity. It was reported by some interviewees that there appeared to be a sense of chaos and confusion among HCSSA personnel. Although disputes and personnel problems (low performing individuals) are supposed to be resolved at the team level, teams do have the option of bringing their concerns to the WFIT or to the not yet established Executive Steering Council (ESC).

J. The ESC will be the final supervisory body formed. The ESC will be responsible for the strategic planning of the Activity. The HCSSA Commander will name the ESC at a later date. Once the ESC is named the WFIT will no longer exist.

IV. ISSUES:

A. Have self-directed teams been properly formed?

B. Should there be a manager assigned at the team level to establish priorities and clarify accountabilities?

V. DISCUSSION:

Most of the personnel interviewed in this study reported that they approve of the new self-directed team structure. In their opinion, HCSSA needed to change the way work is carried out. Many, however, do not necessarily agree with the way this change has been implemented. Some feel that the process was not done fast enough, while others do not agree with the make-up of teams. All personnel, however, are willing to give the change process a chance. All agree that HCSSA's main focus should be

on finding a better way to do business and for gaining a better customer focus.

Some individuals perceive inequitable output among team members. There is no expectation nor is there any accountability for team output. The current structure does not readily allow for the clear assignment of accountability for the completion of assigned tasks.

Almost all team BCs reported that they spend too much time on administrative functions rather than the technical/functional aspects of their jobs.

HCSSA is in the process of fundamentally changing its internal work culture. Such change takes both time and patience. HCSSA personnel are used to projects coming into the Activity directly to the appropriate area of expertise. The Division/Office/Branch Chief then assigned work to be accomplished. The establishment of work priorities, budget requirements, disciplinary actions, etc. are now to be handled by a group of individuals known as a team. Most are not comfortable with this new process.

VI. RECOMMENDATION:

A. A clear understanding of accountability and authority needs to be established at the team level.

B. The management hierarchy within HCSSA needs to develop and implement management processes that can effectively control the flow of work within HCSSA.

C. Teams need to understand and accept that they are accountable for producing a given output.